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No. 286

FINANCIAL DISCLOSURE REPORTS
MEMBERS OF HOUSE OF REPRESENTATIVES
103d CONGRESS
JANUARY 1–DECEMBER 31, 1993
VOLUME 1

United States Congressional Serial Set

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FINANCIAL DISCLOSURE

REPORTS

OF MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES OF THE 103D CONGRESS

FOR THE PERIOD

January 1, 1993 to December 31, 1993

COMMUNICATION FROM THE CLERK OF THE HOUSE

TRANSMITTING

THE ANNUAL COMPILATION OF PERSONAL FINANCIAL DISCLOSURE STATEMENTS AND AMENDMENTS THERETO FILED WITH THE CLERK OF THE HOUSE OF REPRESENTATIVES, PURSUANT TO 2 U.S.C. 703(d)(1) AND RULE XLIV, CLAUSE 1 OF HOUSE RULES

(Volume 1 of 3)

JULY 27, 1994.—Referred to the Committee on Standards of Official Conduct and ordered to be printed

U.S. GOVERNMENT PRINTING OFFICE

81–662 WASHINGTON : 1994

LETTER OF TRANSMITTAL

Donnald K. Anderson
Clerk

Patricia A. Bias, Director
Office of Records and Registration

Office of the Clerk
U.S. House of Representatives
Washington, DC 20515-6601

July 27, 1994

Honorable Thomas S. Foley
The Speaker
U. S. House of Representatives
Washington, D. C.

Dear Mr. Speaker:

I hereby submit the annual compilation of personal financial disclosure statements and related reports filed with the Clerk of the House of Representatives pursuant to the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 6, §103 et seq.), and House Rule XLIV.

This compilation contains the personal financial disclosure statements and amendments thereto required to be filed by Members of the House pursuant to the Act and House Rule XLIV by May 16, 1994, and includes the financial transactions as reported therein which occurred between January 1, 1993 and December 31, 1993.

House Rule XLIV provides that the annual compilation of reports filed with the Clerk be printed as a House document by August 1 and contain all such reports sent to him by Members within the period beginning January 1 and ending June 15 of each year. This compilation is submitted accordingly.

With great respect, I am

Sincerely yours,

Donnald K. Anderson

DONNALD K. ANDERSON, Clerk
U. S. House of Representatives

Enclosure

ALPHABETICAL COMPILATION OF FINANCIAL DISCLOSURE REPORTS FILED BY MEMBERS OF THE U.S. HOUSE OF REPRESENTATIVES PURSUANT TO HOUSE RULE XLIV

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

9

Neil Abercrombie
(Full Name)

1440 Longworth HOB, Washington DC 20515 — 225-2726
(Mailing Address) — Daytime Telephone

MC HAND DELIVERED (8)
(Office Use Only)

Filer Status	☒ Member of the U.S. House of Representatives — State Hawaii District First	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Neil Abercrombie

DATE (Month/Day/Year): 5-9-94

Name	Page
Abercrombie	2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Hawaii	Legislative Pension	21,070.
	District of Columbia	Unemployment Spouse,Insurance	NA
	George Washington University	Spouse,Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Abercrombie

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Coop.Apt. on Makiki St. Hono.HI					X						X										X					
	CD-First HI Bank(rolled over in				X								X							X							
S	-to new CD at UH CredtUnion)												X														
	Accts at UH Credit Union			X									X						X								
	Accts at Cong. Credit Union			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Abercrombie

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Deferred Type of Income: DIVIDENDS (reinvested)	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Deferred Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
*	IRA:IDS/AmExp/TSA403B/frmHI.DOE			X							X									X							
*	IRA:IDS/AmExpManaged RetrmentFnd.			X							X								X								
*	IRA:IDS/AmExpBalcor,PenInvLimPrsp			X							X							X									
*	IRA:IDS/AmExpFedBondIncome Fund (rolled over into account below)	X									X								X								S,rollover
*	IRA:IDS/AmExp.Global Bond Fund			X							X								X								P,rollover

* (all items on this page are accounts in a IRA, the dividends are reinvested, the income is deferred)

This page may be copied if more space is required.

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SCHEDULE IV — TRANSACTIONS

Name Abercrombie

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	IRA:IDS/AmExp/Fed Bond Income Fund		X		9/30/93	X						
	IRA:IDS/AmExp/Global Bond Fund	X			9/30/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	University of Hawaii Credit Union	Personal loan(paid off)	X						
	Bank of Hawaii	mortgage on coop apt. on Makiki St.(paid off)		X					
	Vera Abercrombie	refinanced the above mentioned mortgage on Makiki St.CoopApt.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Public Securities Assoc.	Feb 11th	DC-NY-DC	N	Y	N	N
	Southeast Tourism Society	March 29th	DC-Atlanta-DC	N	Y	N	N
	American Hotel+Motel Assoc.	4/30to5/1	DC-Kansas City-DC	Y	Y	N	N
	Central Labor Council,COPE	5/7to5/8	DC-San Fran-DC	Y	Y	N	N
	US Assoc. of Former Members	5/31to6/6	DC-Frankfurt-Zurich-Berlin Tegel-Frankfurt-LA-Hono.	Y	Y	N	N
	Maritime Trades Dept/AFL-CIO	9/30to10/1	DC-San Fran-DC	Y	Y	N	N
	Amer.Soc. of Travel Agents	11/6	DC-Orlando-DC	N	Y	N	N
	Human Rights Campaign Fund	11/12to11/14	Hono-San Antonio-DC	Y	Y	N	N
	Gun-Ten-Kyo(Assoc.of local autonomous bodies on military bases)	12/2 to 12/5	Hong Kong-Okinawa-Hono	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Special Olympics, resigned
Board Member	Epilepsy Foundation of Hawaii, resigned
Board Member	Nuuanu YMCA, resigned
Board Member	Biographical Research Center, resigned

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:22
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

GARY L. ACKERMAN
(Full Name)

2445 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D. C. 20515
(Mailing Address)

(202) 225-2601
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State 5th District N.Y.	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Gary L. Ackerman

DATE (Month/Day/Year): May 16, 1994

Name	GARY L. ACKERMAN	Page 2 of 14

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Pride of Judea Mental Health Center	Spouse Compensation	N/A
	Spouse Pvt. Practice	Spouse Compensation	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	AIG	Speech	April 23, 1993	$2,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name GARY L. ACKERMAN

Page 4 of 14

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Fidelity Magellan			X							X								X								
	Fidelity Spartan N.Y Hi					X					X										X						
	IRA - Nationwide - Self				X								N/A								N/A						
	IRA - Nationwide - Spouse				X								N/A								N/A						
	IRA: Nathan & Lewis				X								N/A								N/A						
	Cong. Federal Credit Union		X										X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GARY L. ACKERMAN

Page 5 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	Melrose Credit Union					X							X								X						
	CitiBank - Various Accounts			X									X					X									
	Hi-Low Stock Club (partnership income)			X							X			X			X										
	A C B Publications (1/3 interest)				X									X			X										
	Hawaiian Gardens Condo Lauderdale Lakes, Fl.				X							X								X							
	N.C.I. Warrants					X								X			X										
	N.C.I. Common									X				X				X									
	Bio Ref Labs. Units			X										X			X										P
	Intern'l Movie Group	X												X			X										S
	UTS Trinity Six Inc.			X										X			X										P
	Perma Fix	X												X						X							S
	Plushing Tribune Inc Multi-Media Adv Inc				X						(See Agreements)												X				
	A.S. Goldmen			X									X					X									
	Glickenhaus Cash Account			X									X					X									
	Ackerman for Congress					X					Loan due to Candidate						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GARY L. ACKERMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Stant Corp.		X											X				X									P
																											P
	United Int'l Holdings	X												X					X								S
	Starsight Telecast	X												X					X								P
																											S
	Trinet Corp. Realty	X												X			X										P
																											S
	British Telecom	X												X						X							P
																											S
	Antec Corp.	X												X					X								P
																											S
	Johnstown American	X												X						X							P
																											S
	Foundation Health Corp.	X												X				X									P
																											S
	Groupo Financiero Serfin	X												X					X								P
											A							A									S
	SPI Pharmaceuticals	X												X			X										P
																											S
	Capitol GTY Corp.	X												X					X								P
																											S
	Ashland Oil			X							A							A									P
														X					X								
	First Chicago			X							A							A									P
														X					X								
	CBL & Assoc.			X										X				X									P
	CCP Ins.			X										X				X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GARY L. ACKERMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Chase Manhattan Corp.			X							A			X				A	X								P
	Chicago & North Western Hl.			X										X			X										P
	Chrysler Corp.			X							A			X				A X									P
	Countrywide Cr Inds.			X							A			X			A	X									P
	Countrywide Mtg. Invts.			X							A			X			A		X								P
	Diagnostec			X										X			X										P
	Future Communications		X											X			X										P
	GEON			X										X				X									P
	Global Marine			X										X			X										P
	Handleman Co.			X										X				X									P
	Holophone			X										X			X										P
	ICN Pharmaceuticals		X											X			X										P
	Mid-Atlantic Realty			X							A			X			A X										P
	National Med Enterprises			X										X			X										P
	Navistar Intl Corp.			X										X			X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GARY L. ACKERMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Noble Drilling			X										X			X										P
	Service Merchandise			X										X			X										P
	Travelers Inc./Primerica			X										X				X									P
	Urban Shopping Center			X										X			X										P
	Viratek			X										X			X										P
	Nathan & Lewis Money Mkt.		X										X					X									
	Pershing/Alliance Cash Acct.		X										X						X								

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Intl Movie Group		X		12-2-93	under 1000						
	Bio Ref. Labs Units	X			12-1-93	X						
	UTS Trinity Six Inc.	X			9-9-93	X						
	Stant Corp.	X			7-21-93	X						
			X		7-22-93	X						
	United Intl Holdings	X			7-22-93	X						
			X		7-29-93	X						
	Starsight Telecast	X			7-29-93	X						
			X		7-30-93	X						
	Trinet Corp. Realty	X			7-16-93	X						
			X		8-6-93	X						
	British Telecom	X			7-19-93	X						
			X		8-17-93	X						
	Antec Corp.	X			9-16-93	X						
			X		9-17-93	X						
	Johnstown Amer. Inds.	X			7-16-93	X						
			X		9-20-93	X						
	Foundation Health Corp.	X			9-20-93	X						
			X		10-13-93	X						
	Grupo Financiero Serfin	X			12-1-93	X						
			X		12-7-93	X						
	SPI Pharmaceuticals	X			8-24-93	X						
			X		12-8-93	X						
	Capitol GTY Corp.	X			9-29-93	X						
			X		10-1-93	X						
	Noble Drilling	X			10-7-93	X						
	Service Merchandise	X			8-25-93	X						
	Travelers Inc./Primerica	X			12-29-93	X						

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Name GARY L. ACKERMAN | Page 10 of 14

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Urban Shopping Centers	X			10-1-93	X						
	Viratek	X			8-31-93	X						
	Ashland Oil	X			7-26-93	X						
	First Chicago	X			7-26-93	X						
	CBL & Assoc.	X			11-3-93	X						
	CCP Ins.	X			9-29-93 9-30-93	X						
	Chase Manhattan Corp.	X			7-28-93	X						
	Chicago & Northwestern Hl	X			7-28-93	X						
	Chrysler Corp.	X			8-4-93	X						
	Countrywide Cr. Inds	X			8-20-93 9-7-93	X						
	Diagnostec	X			8-6-93	X						
	Future Communications	X			8-3-93	X						
	GEON	X			12-2-93	X						
	Global Marine	X			8-4-93	X						
	Handleman Co.	X			11-4-93	X						
	Holophane	X			11-5-93	X						
	ICN Pharmaceuticals	X			8-31-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Mid-Atlantic Reality	x			9-8-93	x						
	Nat'l Med Enterprises	x			8-31-93	x						
	Navistar Intl Corp.	x			10-21-93 10-22-93	x						
	Perma Fix	x			2-1-93	x						
	Countrywide Mtg. Invts.	X			8-20-93	x						

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Name GARY L. ACKERMAN | Page 12 of 14

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Melrose Credit Union (since repaid in 1994)	Loan - passbook		X					
	Citibank	Checking plus $25,000 Line		X					
	I.J. Kislak	Mortgage on Florida Rental (property)	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
World League For Freedom and Democracy	Vase (waiver received from Committee on Standards)	Unknown

Use additional sheets if required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AIPAC		June 21-22	N.Y-Albany-D.C.	Y	N	N	N
Israel Bonds		Oct. 17-18	Boston-Albany-N.Y.	Y	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	News Communications, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
5/15/89	Tribco/Queeens Tribune/Multi Media/ Mike Schenkler	Gary L. Ackerman to continue to receive proportionate share of the assets, including the accounts receivable, of the Flushing Tribune Inc. and Multi Media Inc. until all such assets are paid.

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515
(202) 225-2601

218-14 NORTHERN BOULEVARD
BAYSIDE, NY 11361
(718) 423-2154

229 MAIN STREET
HUNTINGTON, NY 11743
(516) 423-2154

Gary L. Ackerman
Congress of the United States
5th District, New York

COMMITTEE ON
FOREIGN AFFAIRS
SUBCOMMITTEES
CHAIRMAN ASIA AND THE PACIFIC
INTERNATIONAL SECURITY
INTERNATIONAL ORGANIZATIONS
AND HUMAN RIGHTS
COMMITTEE ON POST OFFICE AND
CIVIL SERVICE
VICE CHAIRMAN SUBCOMMITTEE ON
COMPENSATION AND EMPLOYEE BENEFITS
COMMITTEE ON MERCHANT MARINE
AND FISHERIES
SUBCOMMITTEE ON MERCHANT MARINE

May 20, 1994

HAND DELIVERED

1994 MAY 20 PM 2:33

The Honorable Donnald K. Anderson
Clerk of the House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D. C. 20515

Dear Mr. Clerk:

I wish to make the following amendment to my 1993 Financial Disclosure Statement:

On page 11, the transaction involving Permafix should be listed as a "sale", not a purchase.

Thank you for your consideration in this matter.

Sincerely,

GARY L. ACKERMAN
Member of Congress

GLA/nh

4

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Alan Wayne Allard
(Full Name)

1203 Jennifer Drive
Loveland, Colorado 80537
(Mailing Address)

202 225-4676
Daytime Telephone

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State District Colorado 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL A. Wayne Allard **DATE** (Month/Day/Year) 5/2/94

Name	Page (of)
Wayne Allard	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Wayne Allard	Page 3 of 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Wayne Allard

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Savings Accounts																										
JT	Bank One - Westlake Nat'l	X											X					X									E
	Cong. Credit Union Wright Patter			X									X						X								
	Bank One - Westlake Nat'l Adams County	X											X					X									E
	Kemper Bonds-School District	X									X							X									E
	Paine-Weber Bonds Adams County School District			X							X							X									E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne Allard

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	412 3rd Street, Wash, D.C.							X					n/a							n/a							
	Apartment A (1/3)- rental					n/a						X										X					
	Apartment B (2/3)- rental					n/a							n/a							n/a							
JT	1203 Jennifer Drive, Loveland			(HOME)									n/a							n/a							
JT	2110 7th Ave, Greeley	X										X		X									X				S
	Spring Canyon (3.2675 Share)			X									X	X							X						
	A WAYNE ALLARD TRUST					N/A							N/A							N/A							
	1. 15 lots and 12 acres in Loch Lon	X												X										X			S
	2. Blackbird Partnership note Loch Lon					X							X						X								E (acres)
	3. Giesey note (Loch Lon)			X									X						X								E (lots)
	4. Klimak note (Loch Lon)			X									X						X								E (lots)
	5. Mutual Funds-				N/A								N/A						N/A								
	(a) AIM Agrsw			X							X		X					X									P
	(b) American CAIBX			X							X							X									P
	(c) Franklin CO TF			X							X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Wayne Allard

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	(cont.)																										
	A. WAYNE ALLARD TRUST: MF'S																										
	(d) GT Global Telecom			X							X		X					X									P
	(e) Lord Abbett - Gvt Sec			X							X		X						X								P
	(f) SB Intl A			X							X							X									P
	(g) SBF MgMuB					X					X		X								X						P
	(h) SogenIn			X							X		X					X									P
	(i) SBS UtilB				X						X		X						X								P
	(j) PEAK - 7 Funds				X						X		X						X								P
	(1) Intl Eq																										
	(2) Intl Fx																										
	(3) Lg Grw																										
	(4) Lg Val																										
	(5) Mtg Bkd																										
	(6) Muni																										
	(7) Sm Val																										

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Name Wayne Allard | Page 7 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Kemper to Paine Webber- Adams Cty School Dist.			E	7-31-93	X						
JT	2001 7th Ave, Greeley		S		6-1-93			X				
	A. WAYNE ALLARD TRUST											
	1. Giesey note			E	11-29-93	X						
	2. Klimek note			E	5-27-93	X						
	3. Blackbird note			E	8-30-93			X				
	4. Lots and 12 acres in Loch Lon		S		5-27-93 - 10-1-93				X			
	5. Mutual Funds		N/A		N/A			N/A				
	(a) AIM Agrsu	P			11-8-93	X						
	(b) American CAIBX	P			1-4-93	X						
	(c) Franklin CO TF	P			8-24-93	X						
	(d) GT Global Telecom	P			1-4-93	X						
	(e) Lord Abbett - GvtSec	P			5-11-93	X						
	(f) SB Intl A	P			10-18-93	X						
	(g) SBS Mg Mu B	P			6-30-93 - 11-21-93			X				
	(h) SogenIn	P			8-24-93	X						

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SCHEDULE IV — TRANSACTIONS

Name: Wayne Allard

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	A. WAYNE ALLARD TRUST: MF's (cont.)		N/A		N/A		N/A					
	(i) SBS UtilB	P			1-24-93-9-20-93	X						
	(j) TRAK - 7 Funds	X			12-23-93		X					
	(1) IntelEQ											
	(2) IntlFx											
	(3) Lg Grw											
	(4) Lg Val											
	(5) Mtg Bkd											
	(6) Muni											
	(7) SmVal											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Chase Mortgage	~~1st Mortgage on 412 3rd St DC~~				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Nat'l Aq Chem Association and (speech)	9/24 - 25/93	(Transsportation pd by me) Wash, D.C.- W. VA -DC	Y	Y	Y	N
	Farmland Industries (speech and fact finding)	8/24-25/93	Denver-Kansas City-Den.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Spring Canyon Investments, Ltd. (3.2675% interest-inherited)
Board of Directors	James Madison Foundation (Presidental appointment)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:41

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

Michael A. Andrews
(Full Name)

303 Cannon HOB, Washington, D.C. 20515
(Mailing Address)

202-225-7508
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 25th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Michael A. Andrews

DATE (Month/Day/Year): 5/12/94

Name	Andrews	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ann Andrews Interiors, Washington, D.C.	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name	Andrews	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Andrews

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples	SP	Mega Corp. Stock			X						X							X									P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
J	Rome, Washington, D.C.									X																		
J	Autos					X																						
J	Antique Furnishings & Prints							X																				
DC	Annuity for benefit of daughter held by State Life Ins. Co.				X																							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Andrews

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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Name Andrews

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

This page may be copied if more space is required.

Name	Andrews	Page 7 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
J	Federal Credit Union; Washington, D.C.	Personal Loans		X					
J	Compass Bank; Houston, Texas	Personal Loan		X					
J	First Federal; Rochester, NY	Mortgage on D.C. residence					X		
J	Century National Bank; Washington, D.C.	Home Improvement Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee, National Advisory Committee	Houston Ballet Foundation; Houston, Texas
Board of Trustees	National Wildflower Research Center; Austin, Texas
Board of Advisors	Stella Link Redevelopment Association; Houston, Texas
Board of Advisors	Association for Preservation of Civil War Sites; Fredericksburg, Virginia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 48

HAND DELIVERED

(Office Use Only)

Robert E. Andrews
(Full Name)

215 Fourth Avenue, Haddon Heights, NJ 08035
(Mailing Address)

(609) 627-9000
(202) 225-6501
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State New Jersey District: 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)

Name	Page 2 of
Robert E. Andrews	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Dilworth, Paxson, Kalish and Kauffman	Spouse Salary	NA
	Jacquelyn I. Spinello, Daughter, Social Security Survivors Benefits	Step Daughter	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name	Robert E. Andrews	Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. / XYZ Magazine	Speech / Article	Feb. 2, 1993 / Aug. 13, 1993	$2,000 / $500
Education Testing Service	Tour/Speech	March 5, 1993	$1000
Seton Hall	Speech	May 1, 1993	$500
Iranian Resistance	Host Dinner/Speech	Apr. 21, 1993	$500 rug
Knoxville Business College	Speech	June 27, 1993	$400
The Connell Company	Meeting/Speech	May 7, 1993	$2000

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HONORARIUM PAID

5/13/94

owed from	paid by date of event date received	amount	paid to
1993	The Connell Co. 5/7/93 6/10/93	$2000	to American Cancer Society
1993	Education Testing Service 3/5/93 3/18/93	$1000	paid to Frankie Centrone Fund
1993	Seton Hall 5/1/93 6/13/93	$500	paid to Jackie Cohen Fund c/o Voorhees Middle School
1993	Iranian Resistance 6/17/93	$500rug	given to American Cancer Society
1993	Knoxville Business College 6/27/93 6/28/93	$400	paid to Paulsboro HS Vito Sabetta Memorial Fund c/o Jim Sabetta

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Robert E. Andrews | Page 4 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Mega Corp Stock			X							X								X								P
DC	123 Main St., Dover, Del.						X					X										X					
JT	1st Bank of Peoria, IL accounts				X								X							X							
	Olive B. Andrews Testamentary Trust (50% remainder interest in Life Estate) NOTE: This trust was not created by the reporting individual and the reporting individual has no specific knowledge of the holdings of the trust			X											X		X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Robert E. Andrews

Page 5 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Massachusetts Financial Services Lifetime Plus Interest			X							X							X									
	Chemical Bank Checking Account					X							X							X							
	Glendale Bank Checking Account			X									X					X									
SP	Stock - GTE			X									X				X										
SP	Stock - Atlantic Electric	X		X									X				X	X									
SP	Glendale Money Market			X									X						X								closed
SP	US Treasury Bonds										X									n/a							
	Congressional Federal Credit Union		X										X					X									closed

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SCHEDULE IV — TRANSACTIONS

Name Robert E. Andrews | Page 6 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					

This page may be copied if more space is required.

Name Robert E. Andrews | Page 7 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Commerce Bank Visa Credit Card		X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
mples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D.C	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Trip to Israel	Jan 8-Jan 15	N.Y. - Tel-Aviv - N.Y. (7 days out of country)	Y	Y	N	N
	National Education Assoc.	Feb. 27	Phila. - New Orleans	N	N	N	N
	Labor Policy Assoc.	March 12	D.C. - Norfolk - Phila	N	N	N	N
	NJ Bankers Assoc.	March 29	Baltimore-Naples(Fl)-DC	N	N	N	N
	Knoxville Business College	June 27	Phila - Knoxbille - Phila	N	N	N	N
	Boston Fire Service	Aug 9	Phila - Boston - Phila	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1994 - 75-884 (mac)

Use additional sheets if more space is required.

THIRD CONGRESS
JIM McDERMOTT, WASHINGTON, CHAIRMAN
JIM DOUGLAS, GEORGIA
JAMES L. CARDIN, MARYLAND
JOHN T. MYERS, INDIANA
DEBORAH PRYCE, OHIO
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

U.S. HOUSE OF REPRESENTATIVES

COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, THE CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

FRED GRANDY, IOWA
NANCY L. JOHNSON, CONNECTICUT
JIM BUNNING, KENTUCKY
JON L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

BERNARD RAMO, CHIEF COUNSEL

November 5, 1993

The Honorable Robert E. Andrews
U.S. House of Representatives
1005 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of November 2, 1993, requesting a waiver, pursuant to section 102(a)(2)(C) of the Ethics in Government Act, of the reporting requirements for wedding gifts received by you and your future wife when you are married on November 12, 1993.

On behalf of the Committee, we grant your request. The Office of Records and Registration shall be notified in accordance with the statutory requirement that waiver requests be made a part of the public record.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:lrs

Copy to: Office of Records and Registration

ONE HUNDRED THIRD CONGRESS
JIM McDERMOTT WASHINGTON CHAIRMAN
GEORGE (BUDDY) DARDEN GEORGIA
BENJAMIN L. CARDIN MARYLAND
NANCY PELOSI CALIFORNIA
ELIJAH E. CUMMINGS MARYLAND
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JON L. KYL ARIZONA
PORTER J. GOSS FLORIDA
DAVID L. HOBSON OHIO
STEVEN SCHIFF NEW MEXICO

BERNARD RAMO CHIEF COUNSEL

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, THE CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

November 5, 1993

The Honorable Robert E. Andrews
U.S. House of Representatives
1005 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This responds to your letter of November 2, 1993, requesting a waiver of application of House Rule XLIII, clause 4, to wedding gifts received by you and your future wife when you are married on November 12, 1993.

House Rule XLIII, clause 4, provides that a Member, officer, or employee of the House of Representatives shall not accept, directly or indirectly, gifts aggregating more than $250 in a calendar year from any source other than a relative. Gifts of $100 or less do not have to be aggregated toward this ceiling. The Committee is authorized to waive the limits of the rule in exceptional circumstances in response to a written request.

A special occasion such as a wedding is deemed to be an exceptional circumstance. Accordingly, on behalf of the Committee, we grant your request.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:lrs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

19 [illegible]

Thomas H. Andrews
(Full Name)

215 High Street
(Mailing Address)

South Portland, ME 04106

202/225-6116
Daytime Telephone

MC
(Office Use Only)

5

Filer Status	☒ Member of the U.S. House of Representatives	State Maine District 1st	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom Andrews

DATE (Month/Day/Year) 5/15/94

Name	Page 2 of 5
Thomas H. Andrews	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Debra Andrews (spouse) American Forum for Global Education	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Thomas H. Andrews

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Fed. Credit Union			X									X						X								
	Rental of upstairs unit/Portland					X						X										X					

For additional assets and unearned income, use next page.

Name Thomas H. Andrews | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Bath Savings Bank, Bath, ME	Mortgage on 58 Gray Street Portland, ME		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Unitarian Universalist Assoc	1/9-1/19/93	Wash, DC-Israel-WashDC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 AM 8:21
CLERK'S OFFICE
U.S. HOUSE OF REPRESENTATIVES

INSIDE MAIL (6)

mc (Office Use Only)

F Douglas Applegate
(Full Name)

2183 Rayburn House Office Building
(Mailing Address)

Washington DC 20515

Daytime Telephone (202) 225-6265

Filer Status	☒ Member of the U.S. House of Representatives	State Ohio District 18th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: F Douglas Applegate

DATE (Month/Day/Year): May 12, 1994

Name	Page
Douglas Applegate	2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	EXEMPT
	Ohio Public Employees Retirement System	Pension	4326.00

For payments to charity in lieu of honoraria, use Schedule II

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Douglas Applegate | Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Worthington Industries Common Stock			X							X							X									
	Bob Evans, Inc Common Stock					X					X								X								
	Ph Hw Mercer Common Stock			X							X								X								P
	Pimco Div Strat Common Stock (Tremont Savings (Tremont Board Savings)		X														X										P
	ERIE STAUBENVILLE, OH (Tremont Savings (Tremont Board Savings)			X									X						X								
	ERIE STEUBENVILLE OH			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Douglas Applegate

Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	BLOCK E Transaction P, S, E
SP	TRUMBULL SAVINGS (FORMERLY WORLD SAVINGS) IRA - STEUBENVILLE, OH.		X									X				X							
SP	TRUMBULL SAVINGS (FORMERLY WORLD SAVINGS) IRA - STEUBENVILLE, OH.			X								X				X							
	BANK ONE - STEUBENVILLE, OH. - IRA			X								X					X						
SP	BANK ONE - STEUBENVILLE, OH - IRA		X									X				X							
	SELF DIR. IRA Ohio Co. WORTHINGTON IND COM. STK.			X						X						X							P
SP	SELF DIR. IRA Ohio Co. WORTHINGTON IND. COM. STK			X						X						X							P
SP	SELF DIR. IRA Advest Co. COOPER TIRE COM STK		X											X									P
	Gibraltar Steel Com. Stk		X											X									P
	SELF DIR. IRA Advest Co. MERCK PHARM.			X										X									P
	Puerto Rico Commonwealth Munic. Bond				X							X				X							MATURED
	Ohio St. Highway Oblig Munic Bond					X						X					X						MATURED
	Columbus, Oh Parks Munic Bond				X							X					X						
	Cleveland, Oh School Bd. Munic Bond				X									X									
	Cincinnati Univ Gen. Munic Bond				X							X					X						
	Cincinnati Univ Gen. Munic Bond				X							X				X							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Douglas Appligate

Page 5 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	EXCEPTED TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	$100,001 – $1,000,000	BLOCK E Transaction: P, S, E
	Ohio State Air Quality Munic Bond		X				X				X					P
	Stark Co, Oh Revenue Bond		X				X			X						P
	Cardinal Tax Exempt Money Mkt	X				X				X						
	Alliance Tax Exempt Acct			X		X						X				
	Wright Patman Cong Fed Credit Union		X				X				X					
	Bank of New York - IMIT Fund		X			X					X					

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SCHEDULE IV — TRANSACTIONS

Name Douglas Applegate

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	Phillip Morris Common Stock	X			4-21-93	X						
	Amway Asia-Pacific Common Stock	X			12-14-93	<						
	Ohio Co Self Dir IRA Worthington Indust Com Stock	X			11-17-93	X						
SP	Ohio Co Self Dir IRA Worthington Indust Com Stk	X			11-17-93	X						
SP	Advest Co Self Dir IRA [illegible] Com Stk	X			8-18-93	<						
SP	[illegible] Gibraltar Steel Com Stk	X			11-9-93	<						
	Cincinnati, University [illegible] Bond	X			1-9-93		X					
	Ohio State (Buckeye Power) Air Qual. Munic Bond	X			7-30-93		X					
	Stark Co. Ohio Revenue Bond	X			12-23-93		X					
	Advest Co. Self Dir. IRA - Merck Inc.	X			8-18-93	X						
	Puerto Rico Commonwealth Munic Bond		MATURED X		7-1-93		X					
	Ohio St. Highway Oblig. Munic. Bond		MATURED X		5-15-93			X				

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 4:32

(12)

William R. Archer, Jr.
(Full Name)

1236 Longworth House Office Building
(Mailing Address)

202-225-2571
(Daytime Telephone)

Washington, D.C. 20515-4307

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 7th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William R. Archer

DATE (Month/Day/Year) May 12, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Sharon Archer Designs	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William R. Archer, Jr.	Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Chemical Manufacturers Association	speech	3-2-93	$2000.00
Webster, Chamberlain & Bean	speech	3-4-93	$2000.00
International Council of Shopping Centers	speech	3-31-93	$1000.00
Nat. Assn. of Truck Stop Operators	speech	5-5-93	$2000.00
American Council for Capital Formation	speech	6-9-93	$2000.00

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Name William R. Archer, Jr. | Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	GE - Bonds				X								X	X						X							S
	Cong. Fed. Credit Union			X									X					X									
JT	Crestar Bank				X								X						X								
S	Crestar Bank			X									X					X									
S	Charles Schwab & Co. - IRA			X									X					X									
	U.S. Life - Stock				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William R. Archer, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Halliburton - Stock			X							X								X								
	Entergy - Stock *			X													X										E
	Gulf States Utilities			X										X					X								S
	Valdez, Alaska Bonds				X								X							X							
	Amerada Hess - Stock			X							X							X									
JT	Townhouse - Houston, TX						X					X									X						
	Archer Associates-Partnership Family **							X			X		X	X								X					
	San Juan, NM- Mineral Royalty Interest			X																	X						
	Merrill Lynch CMA Acct. #1							X			X											X					
JT	Merrill Lynch CMA Acct. #2				X						X								X								
	Federal Capital Bank - CD					X							X								X						
	Real Estate Partnership Houst Westwood Shopping Ctr.1.52int			X									X					X									
	Real Estate Partnership-Houst Meadowlake Estates 6.257 Int.			X									X				X										
	Real Estate Partnership-Houst Howard Chen 2.57 Int.				X								X					X									
	Caithness Alaska Gold Ltd. - Partnership Interest		X														X										P

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* Formerly Gulf States Utilities

** See attached breakdown of Partnership Holdings

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William R. Archer, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	USAA - IRA						X						X									X					
	US EE Savings Bonds			X													X										

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Addendum to Part III - 1993 Financial Disclosure of William R. Archer, Jr.

** Archer Associates - Family Partnership

Breakdown of Holdings (with category of value to William R. Archer, Jr.)

Holding	Category of Value
Bank One - Greenway - Acct.	B
Crestar Bank - Acct.	C
Franklin Bank - CD	C
Federal Capital Bank - CD	C
S. Pac. Thrift & Loan - CD	C
Bank United - CD	C
F&M National of Stanley - CD	C
First Heights Bank - CD	C
Mansfield, TX Bonds	B
Russ-Jackson Real Estate Partnership-Houston	B
Houston, TX W&S Bonds	C
Meadowlake Real Estate Partnership-Houston	B
Williams Farms, East Texas	B
US EE Bonds	B
USAA - Investment Trust	C
Smith Barney Mun. Bond Fund	C
Harris County Bonds	C
OMI Bonds	C
Park Ten Bonds	B
El Paso Bonds	B
Cons. Nev. Gdfd. - Common Stock	B

SCHEDULE IV — TRANSACTIONS

Name William R. Archer, Jr.

Page 8 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Caithness Alaska Gold Ltd.-Partnership Int.	X			8-6-93	X						
	GE Bonds		X		1-29-93		X					
	Gulf States Utilities - Common Stock		X		12-31-93	X						
	Entergy - Common Stock			X	12-31-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	USIA-approved cultural exchange Far East Studies Institute	Feb.4-16	Wash.,DC - China - Burma(Myanmar)-Wash.DC	Y	Y	Y	N

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Name	Page
William R. Archer, Jr.	10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Houston Society for the Prevention of Cruelty to Animals
Partner	Archer Associates Partnership

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

BILL ARCHER
THIRD DISTRICT, TEXAS

RANKING MINORITY MEMBER
WAYS AND MEANS COMMITTEE

JOINT COMMITTEE ON TAXATION

1994 MAY 13 PM 4:32
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives

WASHINGTON OFFICE
1236 LONGWORTH
HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-4307
(202) 225-2571
FAX (202) 225-4381

DISTRICT OFFICE
1003 WIRT ROAD, SUITE 311
HOUSTON, TX 77055-6832
(713) 467-7493
FAX (713) 461-6289

MC

May 12, 1994

Honorable Donnald K. Anderson
Clerk of the House
H-105, The Capitol
Washington, D.C. 20515

Dear Mr. Anderson:

I would appreciate your assistance in making the enclosed copy of my voluntary December 31, 1993 Financial Statement part of my permanent record along with the enclosed Financial Disclosure Statement for 1993, which is required by law.

Thank you very much, and with best wishes

Sincerely,

Bill Archer
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1993

ASSETS

Cash (Cong. Credit Union Acct.)		7,072.00
Cash (Crestar Bank)		30,748.00
Merrill Lynch Cash Management Acct.		257,392.00
Merrill Lynch Cash Management Acct.		50,200.00
Federal Capital Bank Certificate of Deposit		97,911.00
I.R.A. (USAA)		114,643.00
Life Insurance Cash Value		9,000.00
Federal Government Retirement Fund		95,234.00
FERS Thrift Savings		45,486.00
Stocks and Bonds (Market Value 12-31-93)		
803 shares U.S. Life @ 38.00		30,514.00
300 shares Halliburton @ 34.00		10,200.00
108 shares Entergy @ 36.00		3,888.00
4 $5,000 Valdez, Alaska Bonds @ 5,000.00		20,000.00
111 shares Amerada Hess @ 45.00		4,995.00
15,000 shares Caithness Alaska Gold Ltd @ .62 (at cost)		9,300.00
$30,000 U.S. EE Savings Bonds (at cost)		15,000.00
26.1% Interest in Archer Associates - Partnership		371,520.00
Real Estate:		945,112.00
Investment Equities - Houston Real Estate (at cost less depreciation)	39,049.00	
Townhouse, Houston, TX (at cost w/spouse)	127,731.00	
House & Lot, Arlington, VA (at cost & improvements w/ spouse)	459,990.00	
House & Acreage - Page County, VA (at cost)	318,342.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1990 Ford Taurus		5,000.00
Coin Collection (at cost)		16,326.00
1987 Dodge Truck		4,000.00
1993 Taurus Station Wagon		18,000.00

TOTAL ASSETS

LIABILITIES:

$2,163,541.00

HAND DELIVERED

RECEIVED
1994 MAY 16 PM 4:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

FINANCIAL STATEMENT
WILLIAM R. ARCHER, JR.
DECEMBER 31, 1993

ASSETS

Cash (Cong. Credit Union Acct.)		7,072.00
Cash (Crestar Bank)		30,748.00
Merrill Lynch Cash Management Acct.		257,392.00
Merrill Lynch Cash Management Acct.		50,200.00
Federal Capital Bank Certificate of Deposit		97,911.00
I.R.A. (USAA)		114,643.00
Life Insurance Cash Value		9,000.00
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House & Acreage - Page County, VA (at cost)	318,342.00	
Mineral Royalty Interest, San Juan, New Mexico (at cost)		2,000.00
1990 Ford Taurus		5,000.00
Coin Collection (at cost)		16,326.00
1987 Dodge Truck		4,000.00
1993 Taurus Station Wagon		18,000.00
TOTAL ASSETS		$2,163,541.00
TOTAL LIABILITIES		00.00

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:01

Richard K. Armey
(Full Name)

9456 E. Valley Ranch Pkwy.
(Mailing Address)

Irving, Texas 75063

Daytime Telephone
202/225-7772

HAND DELIVERED
(Office Use Only)

6

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 26	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dick Armey

DATE (Month/Day/Year) May 13, 1994

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	American Amusement Machine Association	Speech	May 17, 1993	$ 1,000
	American International Automobile Dealers Association	Speech	May 18, 1993	$ 2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard K. Armey

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	TIAA - Teachers Retirement			N/A								Pension								X							
SP	Partner in Matchmaker's Boutique (clothing business), includes lease, fixtures and inventory				X												X										

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	First Interstate Bank, Bedford, Texas	Personal loan	X						
	Denton Area Teachers Credit Union, Denton, Texas	Personal loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Inst. (moderator)	Feb. 25-27	Wash., DC-Princeton, NJ RT	Y	Y	Y	N
	Polyeconomics (speech)	Apr. 22-25	Wash., DC-Bermuda RT	Y	Y	Y	N
	Yale Political Union (speech)	Sep. 12-13	Wash., DC-New Haven, CT RT	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman	Institute for Policy Innovation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

CONGRESSMAN DICK ARMEY
26TH DISTRICT, TEXAS

COMMITTEES
EDUCATION AND LABOR
JOINT ECONOMIC COMMITTEE
REPUBLICAN CONFERENCE
CHAIRMAN

WASHINGTON OFFICE
301 CANNON HOUSE OFFICE BUILDING
WASHINGTON DC 20515-4326
(202) 225-7772

DISTRICT OFFICE
9901 VALLEY RANCH PKWY EAST
SUITE 3050
IRVING, TX 75063
(214) 556-2500

Congress of the United States
House of Representatives
Washington, DC 20515-4326

June 30, 1994

RECEIVED
1994 JUL -5 PM 2:34
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

MC

The Honorable Donnald K. Anderson
Clerk of the House
1036 Longworth House Office Building
Washington, DC 20515

Dear Mr. Anderson,

I recently became aware of an omission on my Financial Disclosure Statements for 1991, 1992, and 1993. I would like to amend those Statements with the attached additional information.

I am affiliated with a 501(c)(3) educational foundation based in my congressional district. When I have travelled between Washington and my district on foundation business, the foundation has paid my expenses. I was under the impression, however, that these trips did not need to be reported on Schedule VII of my Disclosure Statement.

I realized my error earlier this month when I was reviewing a letter the Committee on Standards had provided me at my request in 1990. This letter explained various House rules as they applied to my involvement with a nonprofit foundation. As I examined it on an unrelated matter, I came across a paragraph which I had apparently overlooked stating that I am indeed required to report such foundation-related travel. I then immediately gathered the information necessary for this amendment.

I regret this oversight. If there you require any further information about this matter, please let me know.

Respectfully yours,

Dick Armey

DICK ARMEY
Member of Congress

PRINTED ON RECYCLED PAPER

1993

Name Richard K. Armey | RECEIVED | Page ___ of ___

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

1994 JUL -5 PM 2:35

HAND DELIVERED

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Institute for Policy Innovation		1/23-1/25	Wash., DC-Dallas RT	N	N	Y	N
"		3/26-3/29	Wash., DC-Dallas RT	N	N	Y	N
"		3/26	DFW-Houston-DFW	N	N	N	N
"		6/2-6/5	Wash., DC-Dallas RT	N	N	Y	N
"		6/24-6/25	Wash., DC-New York RT	Y	Y	N	N
"		11/13-11/14	Wash., DC-Dallas RT	N	N	N	N

Dick Armey

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

F Y 12 PM 7:38

James Leonard Bacchus
(Full Name)

4230 Overhill Drive Merritt Island, FL 32952 202-225-3671
(Mailing Address) (Daytime Telephone)

MC (Office Use Only)

14

Filer Status	[X] Member of the U.S. House of Representatives	State FL District 15	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15) XX	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James Leonard Bacchus **DATE** (Month/Day/Year) 5/11/94

James L. Bacchus 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Akerman, Senterfitt, Eidson, Attorneys at Law (this is retirement benefit from ASE - resigned from firm 12-31-90. Payment of $32,848.20 in benefits being paid over 60 months which began April 1991 in accordance with partnership agreement. Amount reported here represents monies actually received during 1993.) (not subject to outside earned income limit)	retirement benefit	$5 569.64

For payments to charity in lieu of honoraria, use Schedule II

Name James L. Bacchus	Page 3 of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
NONE			

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Name James L. Bacchus | Page 4 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Checking Account (interest bearing) JT Sun Bank, Orlando, FL		X										X					X									
	Money Market Account JT Sun Bank, Orlando, FL					X							X							X							
	IRA/CD, Sun Bank, Orlando, FL			X									X						X	X							
S	IRA/CD, Sun Bank, Orlando, FL			X									X						X								
	IRA Passbook, Sun Bank, Orlando, FL				X								X							X							
S	IRA Passbook, Sun Bank, Orlando, FL				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name | Page S of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
S	1/2 ownership of unimproved land (approx 1 acre), Bradford Co., FL			X									I	A						N	A						
DC	savings acct. in name of son			X														X									

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SCHEDULE IV — TRANSACTIONS

Name James L. Bacchus | Page 6 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Residential Mortgage and								
	Personal Automobile only								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Name James L. Bacchus | Page 8 of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Electronic Industries Assoc. (panel discussion - int'l trade)	Apr 7-8	Orlando-Ft Myers - Orlando	Y	Y	N	N
	AIPAC (2 speeches - US/Israel relations)	Apr24-26	Melbourne-Miami-Ft. Lauderdale-Orlando	Y	Y	N	N
	Alert Int'l, Inc) (speech-int'l money laundering)	May 13-14	Washington-Miami-Tallahassee	Y	Y	N	N
	Arkansas Bankers Assoc. (speech-regulatory reform)	Aug 1-2	Washington-Fayetteville - Washington	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12-31-90	December 31, 1990 resignation as partner from Akerman, Senterfitt & Eidson, attorneys at Law, Orlando, FL	payment of $32,848.20 in retirement benefits being paid over 60 months (began in April 1991) in accordance with partnership agreement - being paid in equal installments of $547.47

Use additional sheets if more space is required

STATEMENT OF FINANCIAL CONDITION AS OF MAY 1994
PERSONAL FINANCIAL STATEMENT

Name: Jim Bacchus
Residence: 4239 Overhill Drive
Merritt Island, FL 32951
Position: Member of Congress

Name: Rebecca Bacchus
Residence: 4239 Overhill Drive
Merritt Island, FL 32951

Assets	In Dollars
Cash in hand and in banks (Sched B	$ 123,713.59
Securities and stocks (Sched A	0.00
Real Estate Owned (Sched C)	176,600.00
Automobiles (Sched G)	11,500.00
Cash value - life insurance (Sched I	1,356.90
Other assets (furniture, personal, etc.	40,000.00
US House of Rep. retirement fund	7,356.34
Thrift Savings Plan for Fed Employees	36,154.82
Retirement ASE*	12,581.72
Income tax refund due	4,247.00
TOTAL ASSETS	$ 413,510.37

Liabilities	
Notes payable to Fin. Instit. (Sched F)	$ 0.00
Accounts and bills due (Sched E	3,200.00
Real estate mortgages payable (Sched D	138,395.83
Automobiles (Sched G)	11,169.47
TOTAL LIABILITIES	$ 152,765.30
NET WORTH	$ 260,745.07

*resigned from firm effective 12-31-90. Retirement income being paid in accordance with partnership agreement.

SCHEDULE A - SECURITIES AND STOCKS

NONE

SCHEDULE B - ACCOUNTS AND BILLS DUE

[illegible]	$ 1,700.00
Miscellaneous credit card and other bills (est.)	$ 1,500.00

SCHEDULE C - REAL ESTATE OWNED

Address Type of property	Mortgagor	% of Ownership	Date Acquired	Cost
Home: Merritt Island	Suntrust	100	11-92	$175,000
Unimproved real estate in Bradford County	None	50 (undivided)	1960's	gift

	Market Value	Mortgage Balance	Monthly Payment
Home	$174,600	$138,395.83	$1,348.90
Bradford Co.	2,000	None	None

SCHEDULE D - LIFE INSURANCE CARRIED, INCLUDING GROUP INSURANCE

Name of Ins. Co.	Owner/ Policy	Beneficiary	Face Amount	Policy Loans	Cash Surr. Value
Delaware Amer.	James	Rebecca	100,000	0.00	0.00
Delaware Amer.	Rebecca	James	100,000	0.00	0.00
Fed. Employees Group Life	James	Rebecca	665,000	0.00	0.00
State Farm	James/ Rebecca	Rebecca/ James	100,000	0.00	1,356.90

SCHEDULE E - CASH ON HAND AND IN BANKS

Name of Institution	Type of Ownership	On Deposit
SunTrust	Joint Money Market	$ 72,543.77
SunTrust	Joint Checking	848.71
SunTrust	IRAs (CDs) (James, Rebecca)	6,007.62
SunTrust	Savings	213.69
SunTrust	Passbook IRAs (James Rebecca)	44,099.80
CASH ON HAND		$ 123,713.59

SCHEDULE F - LOANS DUE TO FINANCIAL INSTITUTIONS

NONE

SCHEDULE G - AUTOMOBILES

	Est. Value	Amt. Owed
1992 Oldsmobile Cutlass	$ 10,500	$11,169.47
1985 Chevrolet Cavalier Station Wagon	1,000	0.00

Form **1040** Department of the Treasury—Internal Revenue Service
U.S. Individual Income Tax Return 1993
For the year January 1–December 31, 1993, or other tax year beginning, 1993, ending, 19 OMB No. 1545-0074
IRS Use Only—Do not write or staple in this space.

Your name and initial: JAMES L. BACCHUS	Last name	Your social security number: 261-86-5915
If a joint return, spouse's first name and initial: REBECCA M. BACCHUS	Last name	Spouse's social security no.: 267-25-4799
Home address (number and street). If you have a P.O. box, see page 9. 4230 OVERHILL DRIVE	Apt. no.	For Privacy Act and Paperwork Reduction Act Notice, see page 4
City, town or post office, state, and ZIP code. If you have a foreign address, see page 9. MERRITT ISLAND FLORIDA 32952		

Presidential Election Campaign (See page 10): BACC
Do you want $3 to go to this fund? X Yes No
If joint return, does your spouse want $3 to go to this fund? X Yes No
Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 12) Check only one box.
1 Single
2 X Married filing joint return (even if only one had income)
3 Married filing separate return. Enter spouse's social security number above and full name here ▶
4 Head of household (with qualifying person). (See page 13.) If the qualifying person is a child but not your dependent, enter this child's name here ▶
5 Qualifying widow(er) with dependent child (year spouse died ▶ 19). (See page 13.)

Exemptions (See page 13.)
6a X Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2.
b X Spouse
c Dependents:

(1) First name and initial, last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) No. of months lived in your home in 1993
JOSEPH BACCHUS	593-64-8783	SON	12
JAMEY BACCHUS	591-13-3492	DAUGHTER	12

If more than six dependents, see page 14.
d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶
e Total number of exemptions claimed

No. of boxes checked on 6a and 6b: 2
No. of your children on 6c who:
● lived with you: 2
● didn't live with you due to divorce or separation (see page 15)
Dependents on 6c not entered above
Add numbers entered on lines above ▶ 4

Income
Attach copy(ies) of your Forms W-2, W-2G, and 1099-R here.
If you did not get a W-2, see page 16.
If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	124,738.
8a	Taxable interest income (see page 16). Attach Schedule B if over $400	8a	1,892.
b	Tax-exempt interest. Do NOT include on line 8a. 8b		
9	Dividend income. Attach Schedule B if over $400	9	
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 17)	10	
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	
14	Capital gain distributions not reported on line 13	14	
15	Other gains or (losses). Attach Form 4797	15	
16a	Total IRA distributions 16a b Taxable amount	16b	
17a	Total pensions and annuities 17a 6,570. b Taxable amount	17b	6,570.
18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	18	
19	Farm income or (loss). Attach Schedule F	19	
20	Unemployment compensation	20	
21a	Social security benefits 21a b Taxable amount	21b	
22	Other income (list type and amount)	22	
23	Add the amounts in the far right column for lines 7 through 22. This is your **total income** ▶	23	133,200.

Adjustments to Income (See page 20.)

24a	Your IRA deduction (see page 20)	24a	
b	Spouse's IRA deduction (see page 20)	24b	
25	One-half of self-employment tax (see page 21)	25	
26	Self-employed health insurance deduction (see page 22)	26	
27	Keogh retirement plan and self-employed SEP deduction	27	
28	Penalty on early withdrawal of savings	28	
29	Alimony paid. SSN ▶	29	
30	Add lines 24a through 29 ▶	30	

Adjusted Gross Income

31	Subtract line 30 from line 23. This is your **adjusted gross income**. If this amount is less than $23,050 and a child lived with you, see page EIC 1 to find out if you can claim the Earned Income Credit, on line 56. ▶	31	133,200.

H788

JAMES L. & REBECCA M. BACCHUS 261-86-5915

Form 1040 (1993) Page 2

Tax Computation (see page 23)	32	Amount from line 31 (adjusted gross income)	32	133,200.
	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older, ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here ▶ 33c ☐		
	34	Enter the larger of your: **Itemized deductions** from Schedule A, line 26 **OR** **Standard deduction** shown below for your filing status. **But if you checked any box on line 33a or b**, go to page 24 to find your standard deduction. If you checked **box 33c**, your standard deduction is zero. • Single — $3,700 • Head of household — $5,450 • Married filing separately — $3,100 • Married filing jointly or Qualifying widow(er) — $6,200	34	21,316.
	35	Subtract line 34 from line 32	35	111,884.
	36	If line 32 is $81,350 or less, multiply $2,350 by the total number of exemptions claimed on line 6e. If line 32 is over $81,350, see the worksheet on page 25 for the amount to enter	36	9,400.
	37	**Taxable income.** Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	102,484.
If you want the IRS to figure your tax, see page 24	38	Tax. Check if from: a ☐ Tax Table; b ☒ Tax Rate Schedules; c ☐ Schedule D Tax Worksheet; d ☐ Form 8615 (see page 25); e ☐ Amount from Form(s) 8814	38	24,299.
	39	Additional taxes (see page 25). Check if from: a ☐ Form 4970; b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	24,299.
Credits (see page 25)	41	Credit for child and dependent care expenses. Attach Form 2441	41	
	42	Credit for the elderly or the disabled. Attach Schedule R	42	
	43	Foreign tax credit. Attach Form 1116	43	
	44	Other credits (see pg. 26): Check if from: a ☐ Form 3800; b ☐ Form 8396; c ☐ Form 8801; d ☐ Form (specify) ____	44	
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	24,299.
Other Taxes	47	Self-employment tax. Attach Schedule SE. Also, see line 25	47	
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Recapture taxes (see page 26). Check if from: a ☐ Form 4255; b ☐ Form 8611; c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your **total tax** ▶	53	24,299.
Payments Attach forms W-2, W-2G, and 1099-R on the front.	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶	54	28,546.
	55	1993 estimated tax payments and amount applied from 1992 return	55	
	56	**Earned income credit.** Attach Schedule EIC	56	
	57	Amount paid with Form 4868 (extension request)	57	
	58a	Excess social security, Medicare, and RRTA tax withheld (see page 28)	58a	
	b	Deferral of additional 1991 taxes. Attach Form 8841	58b	
	59	Other payments (see page 28). Check if from: a ☐ Form 2439; b ☐ Form 4136	59	
	60	Add lines 54 through 59. These are your **total payments** ▶	60	28,546.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you **OVERPAID** ▶	61	4,247.
	62	Amount of line 61 you want **REFUNDED TO YOU** ▶	62	4,247.
	63	Amount of line 61 you want **APPLIED TO YOUR 1994 ESTIMATED TAX** ▶ 63		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the **AMOUNT YOU OWE**. For details on how to pay, including what to write on your payment, see page 29	64	
	65	Estimated tax penalty (see page 29). Also include on line 64 65		

Sign Here Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Keep a copy of this return for your records.

Your signature: [signature] Date: Your occupation: MBR OF CONGRESS

Spouse's signature (if joint return, BOTH must sign): Date: Spouse's occupation: ADVERTISING

Paid Preparer's Use Only

Preparer's signature: [signature] Date: 04/04/94 Check if self-employed: ☐ Preparer's Social Security No.: 267-02-1027

Firm's name (or yours if self-employed) and address: SINES, GIRVIN & BLAKELEE, CPA'S PA
POST OFFICE BOX 771047
WINTER GARDEN, FLORIDA

E.I. No. 59-1567188

ZIP code 34777-1047

Form 1040 (1993)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 11:44

HAND DELIVERED

Spencer T. Bachus, III

216 Cannon Building, Washington, DC 20515 202-225-4921

Filer Status	[X]	Alabama Six	[ ]
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

5/12/94

Name	Spencer T. Bachus, III	Page 1 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (oth an the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source ar mount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. House of Representatives	Salary	121,725

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 13, 1993	$2,000 $500
National Restaurant Association	Participation Leadership Forum	8/13/93	$1,000.00
American Amusement Machine Association	Prize	8/24/93	$ 200.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Spencer T. Bachus, III

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	First Alabama Bank		X										X					X									
	Southern Company		X								X							X									
	State of Alabama (Refund)		X								Refund								X								
	4821 12th Avenue North				X							X									X						
	Colsten Druid Hill Drive			X								X									X						
	3437 28th Place, No.			X								X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Spencer T. Bachus, III

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	1213 Impala Drive				X							X									X						
	2612 Janice Circle					X						X										X					
	Civic Center Professional Bldg.						X					X										X					
	Nikkei Index Put Options			X							X						X										P

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SCHEDULE IV — TRANSACTIONS

Name Spencer T. Bachus, III

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10–12–93		X					
	Nikkei Index Put Options		X			11/2/93	X						

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Name	Page 6 of 7
Spencer T. Bachus, III	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	First Alabama Bank	90-Day Note		X					
	First Alabama Bank	Mortgage, Civic Center Prof.Bldg.			X				
	Compass Bank	Mortgage, Rental Properties				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Enterprise Institute	1/7-1/11/93	Wash, DC-Williamsburg-DC	Y	Y	Y	N
	The Congressional Institute	2/25-27/93	DC-Princeton-DC	Y	Y	N	N
	Miami Congressional Workshop Greater Miami Chamber of Commerce	4/2-4/93	DC - Miami - Birmingham	Y	Y	Y	N
	National Restaurant Assoc.	5/21-22/93	DC - Chicago - Birmingham	Y	Y	N	N
	American Israel Education Foundation	8/23-30/93	Bham - Tel Aviv - Bham	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 11 PM 2:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(8)

Henry Scott Baesler
(Full Name)

5722 Athens Boonesboro Road, Lexington, KY 40509 (202)225-4706
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State Kentucky District 6th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL H. Scott Baesler

DATE (Month/Day/Year) 5-11-94

Name Henry Scott Baesler | Page 2 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Congressman	Salary	133,600
	Salary-Managing Baesler-Woods Farm	Spouse	NA
	Farm Income (sale of crops & livestock)	Spouse	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Henry Scott Baesler

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

			Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock				X						X								X								P
			123 Main St., Dover, Del.							X				X										X					
			1st Bank of Peoria, IL accounts					X							X							X							
			Cash-Bank Accounts-Central Bank & Trust Co., Vine Street, Lexington, KY			X									X					X									
			Cash-Bank Accounts-Bank One, Main Street, Lexington, KY			X									X					X									
			Cash-Bank Accounts-Republic Bank, Alumni Drive, Lexington, KY			X									X					X									
			Household & Farm Property & Livestock, Athens Boonesboro Road, Lexington, KY						X								X							X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Henry Scott Baesler

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Sales Contract - Robert Woods, Lexington, KY				X								X								X						
	Sales Contract - Steve & Joyce Miller, Lexington, KY				X								X						X								
	Stock-Youth Development, Inc.			X													X										
	House-Lot-5722 Athens Boonesboro						X										X										
	Farm-2 Houses - Athens Boonesboro - 50 acres							X				X										X					
	House-20 Acres-Athens Boonesboro Rd., Lexington, KY - Cane Brake						X										X										
	House-3561 King Arthur Drive, Lexington, KY					X											X										
	Commercial Lots (2) - Athens Boonesboro						X										X										
	One-half ownership in 295 Acre Development - 10 Acre Building Lots-Athens Boonesboro Rd., Lexington, KY 40509									X							X										
	Condo	X												X										X			
	Sale Contract - Cellular One	X												X								X					
	Tobacco Proceeds - Net	X												X								X					

This page may be copied if more space is required.

Name Henry Scott Baesler | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Condo - 409 A Gulf & Bay Condo 3790 Midnight Pass Road Sarasota, Florida 34242		X		1-15-93				X			
	7 acre tract of land, Athens Boonesboro (Cellular One) Road, Lexington, KY		X		1-20-93			X				

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Name	Page 6 of 8
Henry Scott Baesler	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Central Bank-Lexington, KY	Mortgage on House-Lot-5722 Athens Boonesboro-Farm-20 Acre Lot						X	
	Mary Margaret Terrell, Lexington, Ky	Mortgage on 295 Acre Development					X		
	Robert Woods, Lexington, KY	Note-Development Cane Brake					X		
	Bank One, Lexington, KY	Mortgage-Commercial Lots on Athens Boonesboro Road			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 7 of 8
Henry Scott Baesler	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
New Members of the 103rd Congress Conference sponsored by CRS (Congressional Research Service), American Enterprise Institute & the Brookings Institution	Jan 7-11	Wash,D.C.--Williamsburg, VA. -- Wash, D.C.	Y	Y	Y	N
Tobacco & the 103rd Congress Conference sponsored by the Tobacco Growers' Information Committee & Philip Morris U.S.A.	May 16-17	Lexington, KY -- Charlotte, North Carolina -- Wash, D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Farm Operation-BW Partnership (see schedule I)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 1:48

HAND DELIVERED

MC (Office Use Only)

William P. Baker
(Full Name)

7 Way Points Road
(Mailing Address)

Danville, CA 94526

Daytime Telephone (202) 225-1880

Filer Status	[X] Member of the U.S. House of Representatives	State District CALIF. 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William P. Baker

DATE (Month/Day/Year) 5/16/94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples																											
SP	Mega Corp Stock				X						X								X								P
	123 Main St Dover Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	AL Labs Inc.					X					X						X										Inherit
JT	Air & Water Technologies Corp.			X													X										
JT	Alaska Air Group			X													X										SP
JT	Allen Group Inc.				X						X								X								Inherit S
JT	Allstate Corp.			X							X							X									P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Aluminum Co America	X												X			X										SP
JT	America Cap Harbor				X						X											X					
JT	Archer Daniels Midland				X						X							X									S
JT	American Electric				X						X										X						
JT	Attwoods Plc Adr	X									X			X			X										S
JT	Bankers Life Holding Corp			X							X							X									P
JT	Boston Edison	X									X			X								X					S
JT	BRE Properties Inc.				X						X			X					X								Inherit PS
JT	Brush Wellman			X							X						X										Inherit PS
JT	California State N/C Bond					X							X								X						
JT	Cal State Var Purp G/O Bond					X							X								X						
JT	California Tax Exempt Money Fd	X											X						X								
JT	Carter Hawley Hale Stores			X							X						X										
JT	Cedar Fair LP				X						X									X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Centerior Energy Corp.	X									X			X							X						S
JT	Central Maine Power Co.	X									X							X									S
JT	Compaq Computer Corp						X										X										Inherit P
JT	Continental Homes Holding Corp	X									X			X							X						Inherit PS
JT	Countrywide Mortgage Invt Corp	X									X			X								X					S
JT	Cypress Minerals Co.			X							X								X								
JT	Diamond Shamrock Inc					X					X								X								P
JT	Excell Realty Trust Inc.			X							X							X									P
JT	EZ Corp. Inc					X								X								X					PS
JT	Federal Express Corp	X												X							X						S
JT	Federated Department Stores					X											X										Inherit P
JT	1st Union Real Estate Eq & Mrt				X						X								X								
JT	Food Lion Inc.	X									X			X			X										S
JT	Ford Motor Co Dep SHS					X					X									X							Inherit

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Freeport McMoran Resource				X						X										X						Inherit P
JT	GAP Inc	X									X			X						X							S
JT	GATX Corp	X									X			X								X					S
JT	General Mills Inc.			X							X							X									
JT	Grass Vy, CA Hospital Rev RFDG					X							X								X						
JT	Helene Curtis	X									X			X						X							S
JT	Illinois Power Company			X							X							X									Inherit
JT	Intl Busn Mach 7.50			X							X							X									P
JT	IP Timberlands Ltd				X						X			X									X				S
JT	Jan Bell Marketing Inc			X													X										P
JT	Just Toys Inc.			X													X										P
JT	KV Pharmaceuticals	X												X			X										S
JT	Kasler CP	X									X			X			X										S
JT	Kaufman & Broad Home Corp	X									X			X								X					S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Knowledgeware Inc			X													X										
JT	LA Gear Inc				X												X										
JT	Liberty All Star Equity Fund					X					X										X						
JT	Liposome Technology					X											X										Inherit P
JT	LA, CA, Dept Water & Power Bnd				X								X							X							
JT	Louisiana Pacific Corp						X				X			X								X					Inherit P
JT	Lowes Companies Inc				X						X							X									P
JT	Mauna Loa Partners LP	X									X								X								S
JT	Mediq	X									X			X			X										S
JT	Merced, CA, Irrigation Dis Bd			X									X						X								
JT	Merck & Co			X													X										S
JT	Methanex Corp	X												X							X						PS
JT	Mobil Corp	X									X			X					X								Inherit S
JT	Mylan Labs Inc	X												X								X					S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker | Page [illegible] of [illegible]

Owner	Asset (Include Income Source)	Gross Value at Close of Period											Income During Period												Income During Period												Type
		None	$1,000	$1,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$250,000	$250,001-$500,000	$500,001-$1,000,000	Over $1,000,000	Over $5,000,000	Over $25,000,000	None	$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	Over $1,000,000	Over $5,000,000	None	$200	$201-$1,000	$1,001-$2,500	$2,501-$5,000	$5,001-$15,000	$15,001-$50,000	$50,001-$100,000	$100,001-$1,000,000	Over $1,000,000	Over $5,000,000	Over $25,000,000	
JT	Oakland CA Redevelopment Agncy				X											X											X									S
JT	Pennsylvania Power & Light Co							X					X																		X						
JT	Plaza Home Mortgage Corp.					X							X												X												P
JT	Predley Del					X							X												X												S
JT	Price/Costco				X								X												X												S
JT	Public Service Co New Hampshire				X								X													X											
JT	Public Service Co New Mexico					X																			X												Inherit P
JT	Quantum Corp				X																				X												P
JT	Resource Mortgage Capital Inc					X							X																X								
JT	Ryland Group Inc	X											X					X							X												PS
JT	Sacramento CA Community Cntr Bd					X											X											X									
JT	Schering-Plough	X											X					X											X								S
JT	Scott Paper Corp					X																			X												P
JT	Sears Roebuck Dept A				X								X														X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

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JT	Spieker Properties			X													X										P
JT	Standard Pacific Corp					X					X									X							S
JT	Stockton CA East Water District	X											X						X								S
JT	Student Loan Marketing Assn				X						X			X					X								Inherit
JT	Syquest Tech Inc			X							X						X										P
JT	Taubman Centers			X							X							X									Inherit
JT	Teledyne Inc	X									X			X							X						S
JT	Texas Instruments	X									X			X									X				S
JT	Toll Brothers Inc	X												X							X						PS
JT	Topps Company Inc			X													X										
JT	Tyco Toys inc	X									X			X			X										S
JT	UDC Homes Inc				X												X										S
JT	United Dominion Realty TRIW	X									X			X								X					S
JT	United Technologies Corp					X					X									X							Inherit P

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William P. Baker

	[illegible]																									
JT	USF&G						X				X									X						Inherit P
JT	Varian Assoc					X										X										P
JT	Venture Stores	X									X			X		X										S
JT	Webb Del Corp	X												X							X					S
JT	Yuba City CA Bond			X									X						X							
	Sterling Cleaners					X							X									X				
	Shearson Lehman Brothers IRA American Express Daily				X						X								X							

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
JT	Alaska Air Group	X			6-24-93 9-17-93	X						
			X		4-19-93	X						
JT	Allstate Corp	X			6-9-93	X						
JT	Aluminum Co America	X			2-24-93	X						
			X		3-18-93	X						
JT	Attwoods Plc Adr		X		4-19-93	X						
JT	Bankers Life Holding Corp	X			4-1-93	X						
JT	Boston Edison		X		9-1-93		X					
JT	BRE Properties Inc	X			5-6-93 7-15-93		X					
			X		10-26-93	X						
JT	Brush Wellman	X			1-25-93		X					
			X		9-23-93 9-28-93	X						
JT	Centerior Energy Corp		X		3-23-93			X				
JT	Central Maine Power Co		X		1-12-93	X						
JT	Compaq Computer Corp	X			5-11-93		X					
JT	Continental Home Holding Corp	X			1-6-93		X					
			X		2-17-93 8-4-93		X					

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SCHEDULE IV — TRANSACTIONS

Name William P. Baker

[illegible] sale, or exchange by you, your spouse, or dependent child [illegible] of any real property, stocks, bonds, commodities futures, [illegible] the amount of the transaction exceeded $1,000. Include [illegible] in a loss. Do not report a transaction between you, your [illegible] dependent child, or the purchase or sale of your personal [illegible] it is rented out. For further information, see Instructions, pages [illegible]		Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: [illegible]	C $15,001–$50,000	[illegible]	E $100,001–$250,000	[illegible]	G $500,001–$1,000,000	H [illegible]
[illegible]	[illegible]	Mega Corporation Common Stock				10-12-88		X					
JT	Countrywide Mortgage Invt Corp			X		11-8-93	X						
JT	Diamond Shamrock Inc		X			3-10-93 9-1-93			X				
JT	Excell Realty Trust Inc		X			8-11-93	X						
JT	EZ Corp Inc		X			4-13-93 5-12-93		X					
				X		2-26-93		X					
JT	Federal Express Corp			X		5-6-93	X						
JT	Federated Department Stores		X			1-13-93 9-14-93	X						
JT	Food Lion Inc			X		4-19-93	X						
JT	Ford Motor Co Dep SHS		X			1-12-93 2-5-93		X					
JT	Freeport McMoran Resource		X			1-27-93		X					
JT	GATX Corp			X		9-23-93		X					
JT	GAP Inc			X		5-25-93			X				
JT	General Motors Corp			X		2-5-93		X					
JT	Helene Curtis Ind			X		2-23-93		X					
JT	Intl Busn Mach 7.50		X			6-7-93	X						
JT	IP Timberlands			X		2-23-93 9-29-93	X						
JT	Jan Bell Marketing Inc		X			10-13-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Just Toys Inc	X			9-30-93	X						
JT	KV Pharmaceuticals		X		9-23-93	X						
JT	Kasler CP	X	X		1-4-93 6-8-93	X X						
JT	Kaufman & Broad Home Corp		X		2-17-93 5-5-93			X				
JT	Liposome Technology	X			5-25-93 11-3-93		X					
JT	Louisiana Pacific Corp	X			3-22-93 4-7-93			X				
JT	Lowes Companies Inc.	X			2-11-93	X						
JT	Mauna Loa Partners LP		X		1-6-93		X					
JT	Mediq		X		9-23-93	X						
JT	Merck & Co		X		5-28-93		X					
JT	Methanex Corp	X			1-8-93	X						
			X		11-4-93- 11-12-93		X					
JT	Mobil Corp		X		10-26-93	X						
JT	Mylan Labs Inc		X		2-23-93		X					
JT	Oakland CA Redevelopment Agency		X		5-28-93	X						
JT	Plaza Home Mortgage Corp	X			3-10-93 5-24-93		X					
JT	Presley Del		X		1-5-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale or exchange by you, your spouse or dependent child during the reporting year of any real property, stock, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–
Example:	Mega Corporation Common Stock	X			10-12-93	X						
JT	Price/Costco		X		4-19-93 9-23-93	X						
JT	Public Service Co New Mexico	X			2-9-93	X						
JT	Quantum Corp	X			11-16-93	X						
JT	Ryland Group Inc	X			7-14-93	X						
			X		11-15-93 11-16-93	X						
JT	Schering-Plough Corp		X		1-13-93 2-23-93		X					
JT	Scott Paper Co.	X			12-9-93							
JT	Sears Roebuck Dept A	X			1-4-93	X						
JT	Spieker Properties	X			11-18-93	X						
JT	Standard Pacific Corp		X		1-5-93	X						
JT	Stockton CA East Water District		X		4-1-93		X					
JT	Syquest Tech Inc	X			9-30-93	X						
JT	Teledyne Inc		X		11-19-93	X						
JT	Texas Instruments		X		1-25-93 2-23-93			X				
JT	Toll Brothers Inc	X			7-26-93	X						
			X		11-15-93		X					
JT	Tyco Toys Inc		X		2-5-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale or exchange by you, your spouse, or dependent child during their reporting year of any real property, stocks, bonds, commodities futures, or other securities, when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction involving your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information [illegible] 2021.

Owner	Asset	Type of Transaction: Purchase	Sale	Exchange	Date (MO DAY YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000
Example:	Mega Corporation Common Stock				10-12-93							
JT	UDC Homes Inc		X		1-5-93	X						
JT	United Dominion Realty TRIW		X		9-14-93		X					
JT	United Technologies Corp	X			5-13-93 5-28-93			X				
JT	USF&G	X			4-13-93 4-30-93			X				
JT	Varian Assoc	X			4 times 10to12-93			X				
JT	Venture Stores		X		1-25-93 9-1-93	X						
JT	Webb Del Corp		X		1-26-93		X					

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Name	William P. Baker	Page 15 of 16

SCHEDULE V — LIABILITIES

[illegible] $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed [illegible] *Any mortgage* on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and [illegible] spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period [illegible]. For further information, see Instructions, pages 21–22.

	Creditor	Type of Liability	Amount of Liability						
			B [illegible]	C $15,001–$50,000	[illegible]	E $100,001–$250,000	[illegible]	G $500,001–$1,000,000	H [illegible]
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Kidder, Peabody	Stock Margins					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

	Source	Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly to the sponsor.

Include Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AIPAC	Aug 23-30	New York-Tel Aviv-N.Y.	Y	Y	Y	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers and employees

RECEIVED
OFFICE OF THE CLERK
1994 MAY 12 PM 3:16
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

(6)

Richard Hugh Baker
434 Cannon House Office Building
Washington, D.C. 20515 — 202-225-3901

Filer Status	[X] Member of the U.S. House of Representatives — State: Louisiana District: 06th	[ ] Officer or Employee — Employing Office:	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Richard H. Baker — **DATE** (Month/Day/Year) 5/15/94

Name Richard Hugh Baker	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	K's Louisiana Market	Spouse Salary	NA
	1884 Shoppe	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Richard Hugh Baker

Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP	Mega Corp Stock			X						X								X								P
		123 Main St., Dover, Del.						X				X										X					
		1st Bank of Peona, IL accounts					X						X								X						
	LPB Minerals			X							X								X								
	Glacier Technology					X											X										
	Scenic Investments East Baton Rouge Parish Real Estate				X												X										
S	1884 Shoppe (Baton Rouge, LA)					X																					See Sch. I
S	K's Louisiana Market (Baton Rouge, LA)						X																				See Sch. I
	Baker Agency, Inc.						X				X									X							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Richard Hugh Baker

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 and over
	Example: Mega Corporation Common Stock	X			10-12-93		X					
S	K's Louisiana Market - Stock	X			1/14/93		X					

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Name Richard Hugh Baker | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Hancock Bank, Baton Rouge, LA	Commercial Loan			X				
	City National Bank, Baton Rouge, LA	Commercial Loan			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	LPB Minerals (uncompensated)
Partner	Scenic Investments (uncompensated)
Officer	Baker Agency, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
NONE		

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10:45
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Thomas Cass Ballenger
(Full Name)

867 20th Avenue Drive, NW
(Mailing Address)

Daytime Telephone

Hickory, NC 28601

NC HAND DELIVERED
(Office Use Only)

36

Filer Status	[X] Member of the U S House of Representatives	State: NC District 10	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Thomas Cass Ballenger

DATE (Month/Day/Year) 5/13/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
Examples: State of Maryland	Legislative Pension	$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Examples: Fairfax County Board of Education	Spouse Salary	NA
Plastic Packaging, Inc. - Family Business	Salary Exempt from Rule XLVII	$20,000
Plastic Packaging, Inc.	Spouse Salary	N/A
Tarheel Packaging	Commissions Spouse	N/A
Catawba Memorial Hospital	Director's Fees - Spouse	N/A
N.C. Retirement System	Pension	3,662
Anchor - National Life	Pension	359

For payments to charity in lieu of honoraria, use Schedule II

Name T. Cass Ballenger	Page 3 of 28

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Transportation Claims & Prevention Council, Inc	Speech	Mar. 15, 1993	$2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, **and (b)** any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT) in the optional column on the far left.

For further information, see Instructions, pages 14-20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset									Block C: Type of Income						Block D: Amount of Income									Block E: Transaction
		A None	B $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	Examples: 123 Main St Dover Del							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
S	Merrill Lynch Brokerage Acct	Assets listed in the schedule																									opened + closed
JT	Bank of Granite - Bank Accts				X								X						X								
S	Bank of Granite - Bank Accts				X								X						X								
JT	Jordan Bridge loan				X								X							X							
	Congress Federal Credit Union - Bank Acct				X								X						X								
	NationsBank - Bank Accts				X								X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. Cass Ballenger

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
S	Raymond James & Assoc - Broker Acct	Assets listed in this schedule																									closed
S	Dorothy D. Davis Trust	x											x							x							
S	Alliance World Income Trust	x									x							x									S
	FPA Parament Fund Inc			x							x									x							P
S	GT Global-Latin American Fund			x							x							x									P
	GT Global-Latin American Fund			x							x							x									P
S	Heritage Cash Trust			x							x								x								P,S
	Heritage Cash Trust			x							x								x								P,S
S	Heritage Income Trust LTD Part				x						x									x							P
S	Phoenix Capital Apprec Fund			x							x								x								
S	Plastic Packaging Inc						x				x										x						
	Plastic Packaging Inc									x	x														x		
S	Raymond James & Associates - Broker Accts	* Assets listed in this schedule																									closed
	Raymond James & Assoc - Broker Acct	Assets listed in this schedule																									
S	JC Bradford - Brokerage Acct	Assets listed in this schedule																									

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. Cass Ballenger

Page 6 of 28

SP DC JT	Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Brokerage Acct																										
S	Dean Witter Trust Co		Assets listed in this schedule																								opened
S	Dorothy D. Davis Trust	x									x										x						
JT	Rental House 12th Ave Hickory NC					x						x															
	Washington Apt (Basement																										P
JT	450 New Jersey Ave of home)							x				x									x						
	Pelican-Perkin Evans		x									@							x								
	Oak Plantation Assoc (loss)		x									#					x										
S	Oak Plantation Assoc (loss)		x									#					x										
	Cady Assoc			x								#												x			
	Prutech Research & Dev		x									#							x								
S	McNeil Real Estate (loss)		x									#															
	1983-1 1984-1																										
	Dyco Petro Co 1981-2 1984-1		x									#							x								
S	Dorothy D Davis Trust	x												x						x							inal K-1
S	Cimarron Praire LTD (loss)		x									#					x										
S	Majeo Bldg Specialties				x							#									x						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. Cass Ballenger

SP DC JT	Asset and/or Income Source	Block Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	$250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
	SOUTHERN INNS ASSOC		X									#								X							
	AAI/FOREST HILLS (LOSS)		X									#					X										
	AAI/FOUR SEASONS (LOSS)		X									#					X										
	ARI/BRENTWOOD HIGHLANDS (LOSS)		X									#					X										
	HUNTER PUBLISHING (LOSS)		X									#					X										
	AMERICAN GOVT INCOME PART				X						X										X						
S	AMERICAN TELEPHONE & TELEGRAPH				X						X								X								P,S
S	ARCHER-DANIELS MIDLAND			X							X							X									
S	BANK OF GRANITE CORP STOCK					X					X								X								
	BB&T FINANCIAL CORP STOCK			X							X								X								
	DUKE POWER CO STOCK			X							X								X								
S	GTE STOCK				X						X									X							
S	KEMPER TAX EXEMPT INC TRUST 18			X									X						X								
	LOWES COMPANIES STOCK				X						X							X									
S	NATIONSBANK CORP STOCK			X							X							X									P,S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

SP DC JT	Asset and/or Income Source	Block 6 Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block 7 Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block 8 Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block 9 Transaction
S	NUVEEN TAX EXEMPT UNT TRUST 87			X									X					X									
	PACIFIC TELESIS GROUP STOCK			X							X								X								
S	PEPSICO INC STOCK			X							X							X									
	PRUDENTIAL MONEY MARKET			X							X								X								P
S	SCHERING PLOUGH CORP STOCK			X							X								X								S
S	SOUTHERN NATIONAL CORP STOCK			X							X							X									
	UNIFI INC STOCK			X							X							X									P,S
	WACHOVIA CORP STOCK			X							X								X								
S	WMX TECH (FKA WASTE MANAGEMENT)			X							X							X									S. INHERITED
S	WR GRACE C. COMPANY STOCK					X					X										X						P
	ALCATEL ALSTHOM STOCK			X													X										P
	BROADWAY & SEYMOUR STOCK			X													X										P
	FREEPORT McMORAN INC STOCK			X							X								X								P
	PROCTOR & GAMBLE STOCK			X							X							X									P
	TEXACO STOCK			X							X							X									P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

Page 9 of 28

SP DC JT	Asset and/or Income Source	Block B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	Block C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED TRUST	Block D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	Transaction P, S, E
	3M STOCK			X							X							X									P
	WINSTON FURNITURE STOCK			X							X						X										P
JT	NATIONS GOVT INCOME TRUST			X							X							X									P
S	CAROLINA FIRST BANCSHARES STOCK			X							X						X										P
S	CBI INDUSTRIES STOCK				X						X							X									NHERITED
S	KEMPER CORP STOCK			X							X							X									NHERITED
S	DEAN WITTER LIQUID ASSET FUND					X					X								X								P,S
S	NYNEX CORP STOCK			X							X							X									NHERITED
S	PACIFIC TELESIS GROUP STOCK			X							X							X									NHERITED
S	PRIMERICA CORP STOCK				X						X							X									NHERITED
S	SOUTHWESTERN BELL STOCK			X							X							X									NHERITED
S	TOMBRANDS STOCK				X						X								X								NHERITED
S	TII INDUSTRIES STOCK			X							X						X										P
S	US WEST STOCK			X							X							X									NHERITED
S	BELLSOUTH STOCK			X							X							X									NHERITED

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

SP DC JT	Asset and/or Income Source	Block Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	$5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P S E
S	ANDERSON COUNTY, TN BONDS			X									X					X									
S	HOMESTEAD, FL ELECTRIC BONDS			X									X						X								
S	DE RIV PT AU RV BONDS			X									X				X										NHERITED
S	MANATEE WTR SWR BONDS			X									X					X									NHERITED
S	MANATEE, WTR SWR BONDS			X									X					X									NHERITED
S	RHODE ISLAND GOVT BONDS			X									X					X									NHERITED
S	WISCONSIN HEALTH BONDS			X									X						X								NHERITED
S	CABARRUS COUNTY GOVT BONDS			X									X				X										P
S	CATAWBA COUNTY HOSPITAL BONDS			X									X						X								
S	FAYETTEVILLE WKS BONDS				X								X				X										P
S	MOORE COUNTY GOVT BONDS				X								X				X										P
S	MOUNT AIRY GOVT BOND			X									X				X										P
S	NC EASTERN MUNI BONDS				X								X							X							P
S	NUVEEN TAX EXEMPT UNIT TRUST 18		X										X					X									
S	NC MUN PWR AGY BONDS				X								X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

SP DC JT	Asset and/or Income Source	Block Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAIN	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
	CORDIS CORP STOCK	X												X					X								P,S
	LADD FURNITURE STOCK (CAPITAL LOSS)	X												X			X										S
	CAROLINA FREIGHT STOCK (CAPITAL LOSS)	X												X			X										S
S	AT&T STOCK	X												X					X								P,S
S	REUTERS HOLDING PLC STOCK	X												X					X								S
S	TIME WARNER INC STOCK	X												X						X							P,S
S	WMX TECHN(FKA WASTE MANAGEMENT)	X												X			X										S
	ENGRAPH INC STOCK	X												X								X					S
	LAMONTS APPAREL INC STOCK	X												X			X										S
	ROCKEFELLER CTR PROP STOCK (CAPITAL LOSS)	X												X			X										S
	UNIFI INC STOCK (CAPITAL LOSS)	X												X			X										P,S
S	TIME WARNER INC SERIES D	X												X					X								S
S	ALLIANCE WORLD INCOME TRUST STOCK (CAPITAL LOSS)	X												X			X										S
S	NC MED CARE COMM BONDS	X												X				X									S
S	ATTWOODS PLC ADR STOCK (CAPITAL LOSS)	X												X			X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

SP DC JT	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
	(CAPITAL LOSS)																										
S	GLOBAL HEALTH & SCIENCES STOCK	X												X			X										S
S	MERCK & CO STOCK (CAPITAL LOSS)	X												X			X										S
S	SCHERING PLOUGH CORP (CAPITAL LOSS)	X												X					X								S
S	BRISTOL MYERS STOCK (CAPITAL LOSS)	X												X			X										S
S	WARNER LAMBERT STOCK	X												X			X										S
S	NATIONAL HEALTH LABS STOCK (CAPITAL LOSS)	X												X			X										S
S	SPRINT CORP (FORMALLY CENTEL)	X												X						X							S
S	CELLULAR COMMUNICATIONS STOCK	X												X						X							S
S	FEDERAL NATIONAL MORT ASSOC STOCK	X												X							X						S
S	AVON PRODUCTS INC STOCK	X												X						X							S
S	COMCAST CORP STOCK	X												X							X						S
S	GANNETTE INC STOCK	X												X					X								S
S	TELECOMMUNICATIONS INC STOCK	X												X						X							S
S	TELEPHONE & DATA SYSTEMS STOCK	X												X						X							S
S	TELEFONOS DE MEXICO STOCK	X												X						X							S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

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SP DC	Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H $1,000,001 – $5,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X $1,000,001 – $5,000,000	BLOCK E Transaction
	(CAPITAL LOSS)																							
S	OWENS ILLINOIS INC STOCK	X										X		X										S
S	AMBAC INC STOCK	X										X					X							S
S	FEDERAL HOME LOAN MORT CORP	X										X					X							S
S	SERVICE CORP INTERNAT'L STOCK	X										X					X							S
S	JC BRADFORD IRA			X								N/A					N/A							
	IRA DELAWARE CHARTER						X					N/A					N/A							
	IRA RESOURCE TRUST		X									N/A					N/A							
	IRA DELAWARE CHARTER		X									N/A					N/A							
	PLASTIC PACKAGING INC ESOP						X					N/A					N/A							
	PLASTIC PACKAGING INC 401-K			X								N/A					N/A							
S	PLASTIC PACKAGING INC 401-K		X									N/A					N/A							
	PELICAN-MEMPHIS #6		X									%			X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T. CASS BALLENGER

Block A: Type	Block B: Year-End Value of Asset — Source	A $1-$1,000	B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H $1,000,001-$5,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	ROYALTY	EXCEPTED TRUST	Block D: Amount of Income — None	I $1-$1,000	II $1,001-$2,500	III $2,501-$5,000	IV $5,001-$15,000	V $15,001-$50,000	VI $50,001-$100,000	VII $100,001-$1,000,000	VIII Over $1,000,000	Block E: Transaction
S	GNMA POOL			X								X					X							S
S	NC MED CARE COMM	X										X					X							S
S	TIME WARNER INC	X								X							X							S
S	NEWTON, NC SAN SWR BONDS			X								X					X							
S	US TSY BOND			X								X				X								INHERITED
S	MERRILL LYNCH CMA MONEY FUND	X								X							X							INHERITED CASHED OUT
S	ANHEUSER BUSCH STOCK					X				X							X							INHERITED
S	BELL ATLANTIC STOCK			X						X						X								INHERITED
S	AMERITECH STOCK			X						X						X								INHERITED
S	MERRILL LYNCH MUNI BD FUND	X								X							X							INHERITED CASHED OUT
	HUNTER PUBLISHING		X												X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

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DC	Source	BLOCK B Year-End Value of Asset: A. $1 – $1,000	B. $1,001 – $15,000	C. $15,001 – $50,000	D. $50,001 – $100,000	E. $100,001 – $250,000	F. $250,001 – $500,000	G. $500,001 – $1,000,000	H. Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST		BLOCK D Amount of Income: None	I. $201 – $1,000	II. $1,001 – $2,500	III. $2,501 – $5,000	IV. $5,001 – $15,000	V. $15,001 – $50,000	VI. $50,001 – $100,000	VII. $100,001 – $1,000,000	VIII. Over $1,000,000	BLOCK E Transaction: P. Purchase	S. Sale	E. Exchange
S	FAO E BYRUN DAVIS TRUST (22% INTEREST) ASSETS LISTED BELOW																								INHERITED	
S	AMOCO CORP STOCK			X						X						X									INHERITED	
S	ANHEUSER BUSCH CO STOCK				X					X						X									INHERITED	
S	ARCHER DANIELS MIDLD STOCK			X						X					X										INHERITED	
S	COMWLTH ED 1 90 PREF		X							X					X										INHERITED	
S	COMMONWEALTH EDISON			X						X						X									INHERITED	
S	DEAN FOODS CO STOCK				X					X						X									INHERITED	
S	DELUXE CORP STOCK			X						X					X										INHERITED	
S	DOW CHEMICAL STOCK				X					X							X								INHERITED	
S	1ST CHICAGO CORP STOCK			X						X						X									INHERITED	
S	NUV PREMIUM MUN FD INC			X						X					X										INHERITED	
S	GTE CORP STOCK				X					X						X									INHERITED	
S	GE STOCK			X						X					X										INHERITED	
S	WR GRACE & CO STOCK				X					X							X								INHERITED	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

[redacted]	Source	BLOCK 3 Year-End Value of Asset									BLOCK 4 Type of Income					BLOCK 5 Amount of Income								BLOCK 6 Transaction
[redacted]		I $1-$1,000	II $1,001-$15,000	III $15,001-$50,000	IV $50,001-$100,000	V $100,001-$250,000	VI $250,001-$500,000	VII $500,001-$1,000,000	VIII Over $1,000,000	[redacted]	DIVIDENDS	RENTS, ROYALTIES	INTEREST	CAPITAL GAINS	EXCEPTED/TRUST	None	I $1-$200	II $201-$1,000	III $1,001-$2,500	IV $2,501-$5,000	V $5,001-$15,000	VI $15,001-$50,000	VII $50,001-$100,000	VIII $100,001-$1,000,000	[redacted]
S	HERSHEY FOODS STOCK			X							X							X							INHERITED
S	HOUSEHOLD INTL INC STOCK			X							X							X							"
S	KEMPER CORP STOCK				X						X							X							"
S	NICOR INC STOCK			X							X							X							"
S	TAMBRANDS INC STOCK				X						X								X						"
S	UNOCAL CORP STOCK			X							X							X							"
S	WMX TECH INC STOCK			X							X						X								"
S	GOVT SECURITIES INC FUND			X									X					X							"
S	ML FED SECURITIES TRUST				X								X						X						"
S	ML MUNICIPAL BOND FUND				X								X						X						"
S	UTS NUV TX E			X									X				X								"
S	US TREASURY NOTE			X									X					X							"
S	US TREASURY NOTE			X									X					X							"
S	US TREASURY NOTE			X									X					X							"
S	US TREASURY NOTE S/B BOND			X									X					X							"

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

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Asset Code	Block A: Asset or Income Source	Block B: Year-End Value of Asset — A: $1–$1,000	C: $15,001–$50,000	E: $100,001–$250,000	G: $500,001–$1,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	Block D: Amount of Income — None	I: $1–$200	IV: $2,501–$5,000	VI: $15,001–$50,000	VIII: $100,001–$1,000,000	Block E: Transaction
S	VERO BEACH FL WTR & SWR BOND		X					X			X				INHERITED
S	CMA MONEY FUND			X		X						X			"
S	FAO DOROTHY DAVIS TRUST (1/2 INTEREST)	ASSETS LISTED BELOW													INHERITED DISSOLVED BY 12/31
S	AMERITECH CORP STOCK	X				X						X			"
S	AT&T STOCK	X				X						X			"
S	ANHEUSER BUSCH STOCK	X				X							X		"
S	BELL ATLANTIC STOCK	X				X						X			"
S	BELLSOUTH CORP STOCK	X				X						X			"
S	CBI INDUSTRIES STOCK	X				X					X				"
S	KEMPER CORP STOCK	X				X					X				"
S	NYNEX CORP STOCK	X				X						X			"
S	PACIFIC TELESIS CORP STOCK	X				X						X			"
S	PRIMERICA STOCK	X				X						X			"
S	SOUTHWESTERN BELL STOCK	X				X						X			"
S	TAMBRANDS STOCK	X				X						X			"

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

Schedule Asset Source	Block 8 Year-End Value of Asset							Block 9 Type of Income					Block 10 Amount of Income								Block 11 Transaction
	I $1-$1,000	II $1,001-$15,000	III $15,001-$50,000	IV $50,001-$100,000	V $100,001-$250,000	VI $250,001-$500,000	VII Over $500,000	DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED TRUST	None	I $1-$200	II $201-$1,000	III $1,001-$2,500	IV $2,501-$5,000	V $5,001-$15,000	VI $15,001-$50,000	VII $50,001-$100,000	VIII Over $100,000	
S US WEST INC STOCK	X							X							X							INHERITED DISSOLVED BY 12/31
S WMX TECH INC STOCK	X							X						X								"
S ML MUNICIPAL BOND FUND	X									X						X						"
S NY TELEPHONE BOND	X									X				X								"
S US TREASURY BOND	X									X					X							"
S MANATEE CNTY FL BOND	X									X				X								"
S RHODE ISLAND ST BOND	X									X					X							"
S FARMINGTON NM BOND	X									X				X								"
S LA CY GNE KS BOND	X									X				X								"
S MANATEE CNTY FL BOND	X									X					X							"
S TULSA OK BOND	X									X				X								"
S DELAWARE Riv Port Bond	X									X					X							"
S WISCONSIN ST HEALTH BOND	X									X					X							"
S ANHEUSER BUSCH STOCK	X										X							X				INHERITED SOLD
S SYNTEX STOCK (CAPITAL LOSS)	X										X		X									INHERITED SOLD

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name T CASS BALLENGER

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SP DC JT	Asset and/or Income Source	Block 1 Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block 2 Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block 3 Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P S E
S	ANHEUSER BUSCH STOCK	X												X					X								INHERITED SOLD
S	NY TELEPHONE CO BOND	X												X					X								"
S	FARMINGTON, NM BOND	X												X					X								"
S	LACYGNE, KS BOND	X												X					X								"
S	TULSA CO, OK BOND	X												X					X								"
	% - ROYALTY INCOME																										
	# - PARTNERSHIP INCOME																										

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
S	SPRINT CORPORATION STOCK (FORMALLY CENTEL)		X		07/26/93	x						
S	CELLULAR COMMUNICATIONS STOCK		X		08/31/93	x						
S	FEDERAL NATIONAL MORTGAGE ASSOCIATION		X		08/31/93	x						
S	AVON PRODUCTS INC STOCK		X		08/31/93	x						
S	BRISTOL MYERS STOCK		X		08/31/93	x						
S	COMCAST CORP CLASS A STOCK		X		08/31/93	x						
S	GANNETTE INC STOCK		X		08/31/93	x						
S	SCHERING PLOUGH CORP STOCK		X		08/31/93	x						
S	TELECOMMUNICATIONS INC STOCK		X		08/31/93	x						
S	TELEPHONE & DATA SYSTEMS INC STOCK		X		08/31/93	x						
S	TELEFONOS DE MEXICO		X		08/31/93	x						
S	OWENS ILLINOIS INC		X		08/31/93	x						
S	AMBAC INC STOCK		X		08/31/93	x						
S	FEDERAL HOME LOAN MORTGAGE CORP STOCK		X		08/31/93	x						
S	SERVICE CORP INTERNATIONAL SHARES		X		08/31/93	x						
	DOCAMA INC LIQUIDATION DISTRIBUTIONS		X		12/31/93	x						
S	DOCAMA INC LIQUIDATION DISTRIBUTIONS		X		12/31/93	x						

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SCHEDULE IV — TRANSACTIONS

Name T CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
S	WMX TECHNOLOGIES STOCK		X		08/31/93	x						
	ENGRAPH INC STOCK		X		11/26/93	x						
	ROCKEFELLER CENTER STOCK		X		02/17/93	x						
	UNIFI INCORP STOCK		X		07/26/93	x						
S	GNMA POOL 11301 BONDS		X		VARIOUS	X						
S	TIME WARNER INC SERIES D STOCK		X		02/04/93	x						
S	ALLIANCE WORLD INCOME TRUST STOCK		X		02/05/93		x					
S	TIME WARNER INC SERIES D STOCK		X		02/11/93	x						
S	NC MED CARE COMMON HOSPITAL REV BOND		X		09/17/93	x						
S	ATTWOODS PLC ADR STOCK		X		11/30/93	x						
S	GLOBAL HEALTH AND SCIENCE FUND STOCK		X		11/30/93	x						
S	MERCK & CO STOCK		X		11/30/93	x						
S	SCHERING PLOUGH CORP STOCK		X		02/02/93	x						
S	BRISTOL MYERS STOCK		X		03/11/93	x						
S	WARNER LAMBERT CO STOCK		X		03/11/93	x						
S	NATIONAL HEALTH LABS INC STOCK		X		05/26/93	x						
S	WARNER LAMBERT CO STOCK		X		06/03/93	x						

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SCHEDULE IV — TRANSACTIONS

Name T CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	PURCHASE OF RENTAL HOUSE, 12TH AVE, HICKORY NC	X			02/19/93			X				
	ALCATEL ALSTHOM STOCK	X			08/01/93	X						
	BROADWAY & SEYMOUR STOCK	X			06/01/93	X						
	CORDIS CORP STOCK	X			02/11/93	X						
	FPA PARAMENT STOCK (DIV REINVESTED)	X			VARIOUS	X						
	FREEPORT McMORAN INC STOCK	X			01/01/93	X						
	PROCTOR & GAMBLE STOCK	X			06/01/93	X						
	TEXACO STOCK	X			06/01/93	X						
	3M STOCK	X			06/01/93	X						
	UNIFI INC STOCK	X			07/01/93	X						
	WINSTON FURNITURE	X			07/01/93	X						
JT	NATIONS GOVT INC TERM TRUST	X			09/22/93	X						
S	AMERICAN TELEPHONE & TELEGRAPH STOCK	X			01/25/93	X						
S	CABARRUS COUNTY GOVT BONDS	X			11/17/93	X						
S	CAROLINA FIRST BANCSHARES STOCK	X			12/29/93	X						
S	FAYETTEVILLE PUBLIC WORKS BOND	X			11/23/93		X					
S	FLEET FINANCIAL GROUP STOCK	X			07/09/93	X						

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SCHEDULE IV — TRANSACTIONS

Name T CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	CORDIS CORP STOCK		X		02/09/93	x						
	LADD FURN STOCK		X		08/16/93	x						
	CAROLINA FREIGHT STOCK		X		08/20/93	x						
	CORDIS CORP STOCK		X		02/22/93	x						
S	TIME WARNER INC STOCK		X		02/05/93	x						
S	TIME WARNER INC STOCK		X		02/11/93	x						
S	WOOLWORTH CORP STOCK		X		08/11/93	x						
S	AMERICAN TELEPHONE & TELEGRAPH STOCK		X		08/31/93	x						
S	FIRST UNION CORP STOCK		X		08/31/93	x						
S	FLEET FINANCIAL GROUP STOCK		X		08/31/93	x						
S	GILLETTE COMPANY STOCK		X		08/31/93	x						
S	WR GRACE & COMPANY STOCK		X		08/31/93	x						
S	NATIONAL HEALTH LABS INC STOCK		X		08/31/93	x						
S	PROCTOR & GAMBLE STOCK		X		08/31/93	x						
S	REUTERS HOLDING PLC STOCK		X		08/31/93	x						
S	NATIONSBANK CORP STOCK		X		08/31/93	x						
S	TIME WARNER INC STOCK		X		08/31/93	x						

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SCHEDULE IV — TRANSACTIONS

Name T CASS BALLENGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001–$5,000,000
I	Example: Mega Corporation Common Stock	X			10-12-93		X					
S	FIRST UNION CORP STOCK	X			07/13/93	X						
S	GILLETTE CO STOCK	X			05/04/93	X						
S	HERITAGE CASH TRUST		X		VARIOUS			X				
	HERITAGE CASH TRUST		X		VARIOUS	X						
S	DEAN WITTER LIQUID ASSET FUND	X			09/16/93				X			
S	DEAN WITTER LIQUIED ASSET FUND		X		VARIOUS			X				
S	MOORE COUNTY GOVT BONDS	X			11/01/93		X					
S	MOUNT AIRY GOVT BONDS	X			11/17/93	X						
S	NATIONSBANK STOCK	X			07/14/93	X						
S	NATIONAL HEALTH LABS STOCK	X			05/04/93	X						
S	NC EASTERN MUNI POWER	X			11/17/93		X					
S	PROCTOR & GAMBLE STOCK	X			06/24/93	X						
S	TII INDUSTRIES STOCK	X			12/29/93	X						
S	TIME WARNER INC STOCK	X			03/01/93	X						
S	WR GRACE & COMPANY	X			03/02/93	X						
S	AMERICAN TELEPHONE & TELEGRAPH STOCK	X			1993	X						

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SCHEDULE IV — TRANSACTIONS

Name T CASS BALLENGER

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: A $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
S	DOROTHY D DAVIS TRUST-TRANSACTIONS LISTFD BELOW		X									
S	ANHEUSER BUSCH STOCK		X		07/02/93		x					
S	SYNTEX STOCK		X		07/02/93	x						
S	ANHEUSER BUSCH STOCK		X		07/08/93	x						
S	NY TELEPHONE CO BOND		X		08/27/93	x						
S	FARMINGTON, NM BOND		X		10/06/93	x						
S	LACYGNE, KS BOND		X		10/06/93	x						
S	TULSA CO, OK BOND		X		10/06/93	x						
JT	JORDAN BRIDGE LOAN	X			12/1993		x					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	MERIDIAN MORTGAGE CORP (PD OFF IN 93)	MORTGAGE ON WASHINGTON HOME			X				
JT	FIRST UNION NATIONAL BANK	MORTGAGE ON WASHINGTON HOME			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute	Feb 25-27	Wash., D.C.-Princeton, N.J.-Wash., D.C.	Y	Y	Y	N
	Transportation Claims & Prevention Council	Mar 15	Hickory, NC-Orlando, FL Wash., DC	N	Y	N	N
	American Furniture Manufacturers Assoc	Aug 12-14	Hickory,NC-Hilton Head, SC-Hickory,NC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE SCHEDULE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	SEE ATTACHED LETTER	

GPO 1994 75–884 (misc)

Use additional sheets if more space is required.

BALLENGER, T. CASS

Form A, Section VIII, Position:

Positions	Name of Organization
Chairman of the Board	Plastic Packaging, Inc.
Limited partner	Associated Realty Investors
Limited partner	Associated Apartment Investors
Limited partner	Hunter Publishing Limited
Limited partner	Southern Inns Associates LTD.
Limited partner	Cady Associates LTD.
Limited partner	Oak Plantation Associated LTD.
Limited partner	Prutech Research & Development Partnership
President	Ballenger Foundation, Non-Profit Foundation
Limited partner	Dyco Petroleum

CASS BALLENGER
10TH DISTRICT NORTH CAROLINA

318 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
202-225-2576

COMMITTEES
EDUCATION AND LABOR
PUBLIC WORKS AND TRANSPORTATION

Congress of the United States
House of Representatives
Washington, DC 20515

DISTRICT OFFICES
P.O. BOX 1830
301-10TH AVENUE DRIVE, NE
HICKORY, NC 28603
704-327-6100

P.O. BOX 976
418 SOUTH STREET
GASTONIA, NC 28053
704-864-8822

March 20, 1990

The Honorable Julian Dixon
Chairman
The Committee on Standards of
Official Conduct
HT-2, U.S. Capitol
Washington, D.C. 20515

Dear Julian:

I would appreciate clarification on limitations on outside earned income as it relates to a consulting fee I currently receive (see attached letter) from my company, in light of the changes mandated by the Ethics Reform Act of 1989 (Public Law 101-194).

As you can see from the attached letter, I have been permitted to receive $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. Plastic Packaging, Inc., a company I founded and in which I have controlling interest, is my principal family investment and I view it important to remain associated with the business to assure that my investment is protected.

Please advise me relative to any exemption of these fees from the limits on outside income for calendar year 1990 as prescribed under clause 2(b)(1) of House Rule XLVII as revised by Public Law 101-194. Further, I would appreciate advice relative to this matter for calendar year 1991 and beyond.

If you have questions or need clarification on any point, please call me or have your staff contact my administrative assistant, Patrick Murphy, at 225-2576.

Thank you for your prompt attention to this matter.

Sincerely,

Cass Ballenger

CASS BALLENGER
Member of Congress

CB:pmm

Enclosure

U.S. House of Representatives

COMMITTEE ON STANDARDS OF
OFFICIAL CONDUCT

Washington, DC 20515

February 25, 1987

The Honorable Cass Ballenger
United States House of Representatives
116 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter of January 16, 1987, requesting the advice of this Committee regarding the propriety of your receipt of certain compensation from Plastic Packaging, Inc. Your correspondence elaborates on information provided in an earlier meeting with Committee Counsel Mark Davis.

You explain that you served as President of Plastic Packaging, Inc., from its founding in 1956 until your election to the House of Representatives. While you remain the majority stockholder and Chairman of the Board, you no longer have day-to-day operating responsibilities. In lieu of the salary previously paid to you, Plastic Packaging, Inc., intends to pay you $20,000 per year for as much as 400 hours of consulting services on implementation of corporate policy decisions. You further explain that Plastics Packaging, Inc., is your principal family investment, and you view it important to remain associated with the business to assure that your investment is protected.

The provision implicated by your inquiry is House Rule XLVII, which limits the amount of outside earned income which a Member of the House of Representatives may receive in a calendar year to 30 percent of the Member's aggregate yearly congressional salary. As provided in the Rule, the term "outside earned income" means "wages, salaries, professional fees, honorariums, and other amounts ... received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(d)(4) of Rules XLVII specifically states that outside earned income does not include--

> in the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received

The Honorable Cass Ballenger
February 25, 1987
Page 2

> by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

The Committee is of the opinion that the services you will be performing for Plastic Packaging, Inc., and compensation in the amount specified, fall within the stated exemption. The purpose of the exemption, as stated by the Commission on Administrative Review of the 95th Congress, is to enable Members to protect their interest in a family business. (See, House Document 95-73, p. 11; see also, Advisory Opinion No. 13, House Select Committee on Ethics, 95th Congress.) Further evidence of the fact that your efforts are aimed at preserving your equity, rather than generating a significant amount of income, is the limited time you plan to devote to the business. The Committee also notes that the amount of compensation you will be receiving from the corporation is substantially less than that reported for prior years on the Financial Disclosure Statement which you filed as a candidate.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year. For purposes of clarity, we suggest that you note on the Statement that this income is from a family business and exempt from application of Rule XLVII.

If you have any further questions concerning this matter, please contact the Committee staff at extension 5-7103.

Sincerely,

Julian C. Dixon
Chairman

Floyd D. Spence
Ranking Minority Member

JS:MJD

ONE HUNDRED FIRST CONGRESS
JULIAN C. DIXON, CALIFORNIA, CHAIRMAN
VIC FAZIO, CALIFORNIA
BERNARD J. DWYER, NEW JERSEY
ALAN B. MOLLOHAN, WEST VIRGINIA
JOSEPH M. GAYDOS, PENNSYLVANIA
CHESTER G. ATKINS, MASSACHUSETTS
(202) 225-7103

JOHN T. MYERS, INDIANA
JAMES V. HANSEN, UTAH
CHARLES PASHAYAN, JR., CALIFORNIA
THOMAS E. PETRI, WISCONSIN
LARRY E. CRAIG, IDAHO
FRED GRANDY, IOWA
RALPH L. LOTHAN, CHIEF COUNSEL

U.S. House of Representatives

Committee on Standards of Official Conduct

Suite HT-2, U.S. Capitol
Washington, DC 20515

October 27, 1990

The Honorable Cass Ballenger
U.S. House of Representatives
218 Cannon House Office Building
Washington, D. C. 20515

Dear Colleague:

This is in response to your letter requesting clarification of the limitations on outside earned income as it relates to a consulting fee you receive from your company. The Committee originally addressed this matter in a letter of February 25, 1987, a copy of which you enclosed with your correspondence.

You explain that while a Member of the House you have accepted $20,000 per year from Plastic Packaging, Inc., for as much as 400 hours of consulting services on implementation of corporate policy decisions. You founded the company and have retained controlling interest in it. It is your principal family investment and you continue to view it important to remain associated with the business to assure that your investment is protected. Consistent with Committee advice, this income has not been treated as subject to the earned income limit of House Rule XLVII. In light of the changes mandated by the Ethics Reform Act of 1989 (P.L. 101-194 as amended by P.L. 101-280), you ask if the Committee's earlier advice continues to apply to your situation.

In 1987, you told the Committee that you were Chairman of the Board of Plastic Packaging, Inc., in addition to being majority stockholder. Your Administrative Assistant, Patrick Murphy, has informed Committee Counsel Mark Davis that this continues to be the case. While the corporation does provide you with transportation to attend board meetings, you receive no compensation other than the $20,000 consulting fee.

Several provisions of Federal law and House rules, as amended by the Ethics Reform Act of 1989, are relevant to your inquiry. Members of the House are limited in the amount of outside earned income they may receive in a calendar year by House Rule XLVII. For calendar year 1990, the outside earned income limit is 30 percent of the aggregate yearly congressional salary paid in 1989, or $26,850. House Rule XLVII, clause 1(b)(1). For calendar years after 1991, the earned income limit

will be 15 percent of the January 1 rate of pay in effect for level II of the Executive Schedule (the same rate at which House Members are paid). House Rule XLVII, clause 1(a)(2); see also section 501(a) of the Ethics in Government Act of 1978, as amended (5 U.S.C. app. 7, §501(a), hereinafter cited as "EIGA".

"Outside earned income" is defined in Rule XLVII, clause 3(e), to mean "wages, salaries, fees, and other amounts received or to be received as compensation for personal services actually rendered." Several exemptions are noted, however. Clause 3(e)(4) of Rule XLVII specifically states that outside earned income does not include--

> [I]n the case of a Member engaged in a trade or business in which the Member or his family holds a controlling interest and in which both personal services and capital are income-producing factors, any amount received by such Member so long as the personal services actually rendered by the Member in the trade or business do not generate a significant amount of income.

Even if compensation is consistent with the definition of "outside earned income" or falls within one of the stated exemptions, certain activities for compensation will be totally prohibited by Federal law and House Rule XLVII beginning January 1, 1991. Section 502 of EIGA (5 U.S.C. app. 7, §502), provides, in pertinent part, that Members of the House, as well as other senior government officials, shall not --

> (1) receive compensation for affiliating with or being employed by a firm, partnership, association, corporation, or other entity which provides professional services involving a fiduciary relationship;
>
> (2) permit that Member's . . . name to be used by any such firm, partnership association, corporation, or other entity;
>
> (3) receive compensation for practicing a profession which involves a fiduciary relationship; [or]
>
> (4) serve for compensation as an officer or member of the board of any association, corporation, or other entity.

See also House Rule XLVII, clause 2.

The statute does not define what constitutes "professional services which involve a fiduciary relationship." That determination has been left to this Committee with respect to House Members and staff, pursuant to its authority under sections 503(1)(A) and 504(b) of EIGA (5 U.S.C. app. 7, §§503(a)(A) and 504(b)). See Report of the House Bipartisan Task Force on Ethics on H.R. 3660, p. 16, Cong. Rec. (daily ed.), Nov. 21, 1989, H9257.

The legislative history of the Ethics Reform Act suggests the primary objectives behind enactment of the prohibition on the paid practice of a profession which involve a fiduciary relationship. The first was to prevent any conflict between the responsibility of a public official to act for the common good and the obligation which would be owed a private client paying compensation. The second was to make certain that official position was not being used for private gain. The third objective was to "ensure that honoraria not reemerge in various kinds of professional fees from outside interests." See Task Force Report, supra, pp. 15-16.

To determine whether employment in which a Member proposes to engage is prohibited under the statute, the Committee is looking at more than the title of the position and the kind of services typically performed by those in the occupation. Subject to further legislative guidance, the Committee is evaluating the nature and circumstances of each individual's particular employment on a case-by-case basis in light of the objectives of the Ethics Reform Act.

With respect to your services for Plastic Packaging, Inc., you are serving as Chairman of the Board but are receiving no compensation other than the consulting fee. (Your receipt of travel expenses to attend board meetings is not considered compensation.) You were paid by Plastic Packaging prior to your election to the House of Representatives, but the $20,000 consulting fee is significantly less than you had been receiving. In addition, the payment is consistent with the policy enunciated in House Rule XLVII to permit a Member to accept compensation to protect his interest in a family business. Your limited efforts appear aimed at preserving your equity, rather than generating income for the company. Such continuing service related to a family-controlled business suggests neither a significant conflict between public and private obligations, nor accrual of a benefit on account of your status as a Member of Congress. Furthermore, payments to you are not in consideration of speeches, appearances, or articles.

Based on the above considerations, we are of the opinion that the services you perform for Plastic Packaging, Inc., and the specified compensation you receive, continue to fall within the cited exemption in House Rule XLVII. Furthermore, your

receipt of this compensation will not be prohibited after January 1, 1991, since we do not view you as performing "professional services involving a fiduciary relationship" for the purposes of section 502 of EIGA and House Rule XLVII.

While this compensation will not be counted as outside earned income for the purposes of the limitation in Rule XLVII, please note that it still must be reported on the Financial Disclosure Statement you are required to file as a Member of the House of Representatives by May 15th of each year.

As stated above, this opinion is subject to reconsideration based on subsequent enactment of legislation or rule changes. If you have any further questions concerning this matter, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Julian C. Dixon
Chairman

John T. Myers
Ranking Minority Member

JS:MJD

McGLADREY & PULLEN
Certified Public Accountants and Consultants

JUN 21 1994

1

MC

June 22, 1994

Mr. Don Anderson
Clerk of the House Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

We have been asked by Ms. Elizabeth Haws of the Committee on Standards of Official Conduct to respond to two items in question from the 1993 Financial Disclosure Statement for Thomas Cass Ballenger, Member of the U.S. House of Representatives NC District 10.

1. Candis Corp. from 1992 FDS was not listed on 1993 FDS and there was no sale indicated. In 1992 this stock was listed as Candis Corp., it should have been shown as Cordis Corp., which we listed on the 1993 FDS (see pages 11 and 22).
2. Docama Inc. was listed in the 1993 FDS but not on the 1992 FDS. Docama ceased operations in 1992 but the actual liquidation did not take place until late 1993. Proceeds from liquidation represented cash that was still on hand resulted in a net loss in both cases.

Should you require any further information on this matter, please call David Parsons or myself at (704) 327-4145.

Sincerely,

McGLADREY & PULLEN

Rick Hammer

Rick Hammer

209 13th Avenue Place, N.W., Hickory, North Carolina 28601-2531
(704) 327-4145 FAX (704) 327-0436

Internationally Dunwoody Robson McGladrey & Pullen

1994 JUN 28 PM 2:26

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:04

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

Peter W. Barca
1520 Sheridan Rd
Kenosha, WI 53140
(202) 225-3031

Filer Status	[X] Member [ ] Officer [ ] Employee	
Report Type	[X] Annual (May 15) [ ] Amendment [ ] Termination	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter W. Barca

DATE: 5/12/94

Name: Peter W Barca | Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Kenosha Unified School District, Kenosha, WI	Spouse Salary	NA
	The State of WI; Madison, WI	Salary - State Leg.	$14,333 82
	District 218, Oakbrook, IL	Spouse honorarium for presentation	$350 00

For payments to charity in lieu of honoraria, use Schedule II.

Name Peter W Barca | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp Stock				X						X							X	X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Owner Occupied/Rental Property 1526 Sheridan Rd, Kenosha, WI 53140 IRA Equivalent Equity Income Corp					X						X															
JT	PO Box 3446, NY, NY 10116 Pension Fund, Mutual Fund, Dallas TX			X							X						NA										
JT	Fidelity Investments, PO Box 770001 Mutual Dividend Income Fund			X							X						NA										
JT	1550 Old Hartford Rd., Wil. Grand Western Bank					X					X		X				NA										
JT	Twentieth Century Select 20 Columbus, CA 93220																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter W Barca

Page 4 of 6

SP / DC / JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	First National Bank / Money Market 5542 - 6th Ave, Kenosha, WI 53140 Checking		X									X						X								
			[X]															[X]								
S	WI Retirement System			X								X				NA										
PB	201 E Washington Ave, Madison, WI 53703			X								X														
S	WI Retirement System 53703			X								X				NA										
KB	201 E Washington Ave, Madison, WI																									
S	First National Bank Checking		X																							
PB	5542 - 6th Ave, Kenosha, WI 53140		X																							
JT	First National Bank - Checking		X																							
JT	5542 - 6th Ave, Kenosha, WI 53140		X																							

Box Rent

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	First National Bank of Kenosha, WI 53140	Owner Occupied / Rental Property Mortgage on 1520 Sheridan Rd		X					
JT	First National Bank of Kenosha, WI 53140	Home Equity Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Peter W Barca | Page 15 of 16

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member & Bd of Directors	Boys & Girls Club of Kenosha, WI

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1993	The State of Wisconsin	Asset for during employment which ceased 5/93; no further contributions made by employer

GPO: 1994 — 2-861-000

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Hon. James A. Barcia
(Full Name)

1717 Longworth H.O.B.
(Mailing Address)

(202) 225-8171
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State MI District 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James A. Barcia

DATE (Month/Day/Year): 5/12/94

Name James A. Barcia

Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X									X							P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	Michigan Employees Retirement System				X						Retirement						X										
	Michigan Deferred Compensation Plans			X							Retirement						X										
	Michigan National Bank Accounts Lansing, Michigan			X									X							X							
	40 acres, Bordaux Road Standish, Michigan				X																						P
JT	Copco Credit Union Bay City, Michigan			X							X								X								
JT	Comerica, Inc. Stocks			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James A. Barcia

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Riegel Energy Corp. Stock			x							x							x									
JT	Total Petroleum North America Ltd. Stock			x							x							x									
JT	Renewable Assets Money Market Fund			x							x							x									

This page may be copied if more space is required.

Name James A. Barcia | Page 4 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	40 acres, Bordaux Road, Standish, Michigan	x			5-30-93		x					

This page may be copied if more space is required.

Name James A. Barcia | Page 5 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Old Kent Bank - Central Owosso, Michigan	Campaign Loan - paid in full 6-25	x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
-------None----------		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 8:53
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED
(Office Use Only)

8

Thomas J. Barlow, III
(Full Name)

165 Idlewild
Paducah, KY 42001
(Mailing Address)

(502) 443-7256
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Kentucky District 1	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Barlow

DATE (Month/Day/Year): 5/13/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Paducah 9 to 5	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Thomas J. Barlow, III	3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	National Grocers Association	Attendance		$500
	Washington Caucus	Attendance		$500
	National Coal Association	Speech		$500
	All 3 were Donated to the			
	River City Mission--500 6th St., Paducah, KY			

This page may be copied if more space is required.

Name Thomas J. BArlow, III | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Citizens Bank and Trust CD				X								X							X							
	Stock Kinloch Corp.						X										X										
S	814 River Oaks (Rental House)				X							X									X						
S	Paducah's 9 to 5				X												X										

For additional assets and unearned income, use next page.

Name Thomas J. Barlow, III

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Citizens Bank and Trust Co, Paducah,KY	Loan secured by C.D.		X					
S	Lomas Mortgage Co.	Mortgage on 814 River Oak	X						
		Paducah, KY							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	River City Mission 500 S. 6th Street, Paducah, KY 42001
Vice President	Kinloch Corporation 4717 Drummond Ave., Chevy Chase, MD 20815

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:07

HAND DELIVERED (9)
(Office Use Only)

WILLIAM E. BARRETT
(Full Name)

505 W. 17TH STREET
LEXINGTON, NE 68850
(Mailing Address)

(308) 324-6044
Daytime Telephone

Filer Status	[X] Member of the U S House of Representatives	State NEBRASKA Distrct 3	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William E. Barrett

DATE (Month/Day/Year) 5/12/94

Name	WILLIAM E. BARRETT	Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name WILLIAM E. BARRETT	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X							X							
	COMMERCIAL LOT, 9TH & LINCOLN LEXINGTON, NE				X																						
	COTTONWOOD NORTH (50% of CORP.) 2100 ADAMS PLAZA, LEXINGTON, NE								X		X	X											X				
	BARRETT-HOUSEL INSURANCE (56% OF CORP) LEXINGTON, NE						X					X	X	X									X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM E. BARRETT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	CRESTAR BANK			X									X					X									
	HOME FEDERAL				X								X						X								
	RIGGS NATIONAL			X									X						X								
	FARMERS STATE BANK				X						X											X					
	GENERAL MOTORS			X							X								X								
	KANSAS NEBRASKA			X							X								X								
	ELECTRONIC DATA SYSTEMS-STOCK		X								X						X										
	GM HUGES ELECTRONIC-STOCK		X								X						X										
	CHINAMERICAN TECH-STOCK		X								X						X										

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM E. BARRETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	LEXINGTON STATE BANK, LEXINGTON, NE	MORTGAGE ON COTTONWOOD APTS.					X		
	HOME FEDERAL SAVINGS, LEXINGTON, NE	PERSONAL LOAN			X				
	1st STATE BANK, GOTHENBURG, NE	HOME MORTGAGE			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	HASTINGS COLLEGE, HASTINGS, NE (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 2:38
CLERK, U.S. HOUSE OF REPRESENTATIVES

Thomas M. Barrett
(Full Name)

313 Cannon Office Building
Washington, D.C. 20515
(Mailing Address)

202-225-3571
(Daytime Telephone)

MC HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State WI District 5th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas M. Barrett

DATE (Month/Day/Year): May 12, 1994

Name	Page 2 of 9
Thomas M. Barrett	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Wisconsin Legislative	Salary	$2,990
	U.S. House of Representatives	Salary	$121,724
	Milwaukee Public Schools	Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			

This page may be copied if more space is required.

Name Thomas M. Barrett

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	20th Century Select-Dfrd. Comp.				X								X							X							
	20th Century Growth-Dfrd. Comp.				X								X							X							
	Great West Life-Dfrd. Comp.				X								X							X							
	Equitable Fund IRA Account			X									X						X								
	Security Bank IRA Account			X									X					X									
	Equitable Bank IRA Account			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Barrett

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Loan to: Barrett for Congress (Political Account)					x											x										

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Name Thomas M. Barrett | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	N/A											

This page may be copied if more space is required.

Name	Page 7 of 9
Thomas M. Barrett	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N/A						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	N / A

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N / A	

GPO 1994 - 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 13 PM 2:15
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

5

Dr. Roscoe G. Bartlett
(Full Name)

312 Cannon House Office Building
Washington, D.C. 20515
(Mailing Address)

Daytime Telephone (202) 225-2721

Filer Status	[XX] Member of the U.S. House of Representatives	State MD District 6th	[ ] Officer or Employee	Employing Office
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.** (Except for Maryland State Retirement Income)	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [XX]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: R. Bartlett

DATE (Month/Day/Year) 05/13/94

Name Dr. Roscoe G. Bartlett	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Maryland State Retirement Systems	Pension	$12,211.20

For payments to charity in lieu of honoraria, use Schedule II.

Name Dr. Roscoe G. Bartlett | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	1/2 Acre Lot, Thurmont, MD					XXX											XX										
	3½ Acre Lot, Washington, Co., MD					XXX											XX										
	Land Installment Contract Frederick, MD					XXX							XX									XX					
	163 Acres, Pocohontas Co., W.VA. 2 Houses						XX										XX										
	80 Acres, Onaway, Mich.w/buildings					XXX											XX										
	83.5 Acres, Frederick Co., MD									XXX		XX											XX				

*with buildings

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dr. Roscoe G. Bartlett

Page 4 of 5

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
18.9 Acres, Frederick Co., MD																										
Apartment Building									XX		XX											XX				
Money Market Account --																	XX									
Frederick County Nat. Bank			XX									XX														
Johns Hopkins University/APL																										
Retirement Account				XX												XX										
Precious Metals				XX												XX										
Mortgage, Thurmont, MD																										
Don & Gloria R. Ryals					XXX							XX									XX					
Mortgage, Berkley Springs, W.VA.																										
Heidi & Marcos Marte				XX								XX								XX						
Putnam Bonds				XX								XX							XX							
Mortgage, Thurmont, MD																										
Ken Dougherty					XX							XX									XX					

This page may be copied if more space is required.

Name Dr. Roscoe G. Bartlett | Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Conference for New Members *Brookings Institution/American *Enterprise Institute/Congressional Research Service	Jan. 7-11	Wash.,D.C. -Williamsburg,VA Williamsburg - Wash.,D.C.	Y	Y	Y	N
Annual Republican Retreat The Congressional Institute	Feb. 25-27	Wash.,D.C. - Princeton, NJ Princeton - Wash.,D.C.	Y	Y	Y	N

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ROSCOE G. BARTLETT
6TH DISTRICT, MARYLAND

COMMITTEES
SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEES
TECHNOLOGY, ENVIRONMENT AND AVIATION
ENERGY
SPACE
ARMED SERVICES
SUBCOMMITTEES
MILITARY FORCES AND PERSONNEL
RESEARCH AND TECHNOLOGY

Congress of the United States
House of Representatives
Washington, DC 20515–2006

312 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2721

5831 BUCKEYSTOWN PIKE
SUITE E
FREDERICK, MD 21701
(301) 694-3030

100 WEST FRANKLIN
HAGERSTOWN, MD 21740
(301) 797-6043

50 BROADWAY STREET
FROSTBURG, MD 21532
(301) 689-0034

GARRETT, ALLEGANY COUNTIES
1-800-889-3012

15 EAST MAIN STREET
SUITE 110
WESTMINSTER, MD 21157
(410) 857-1115

8267 MAIN STREET
ELLICOTT CITY, MD 21043
(410) 418-4832

HOWARD COUNTY
1-800-705-2385

June 1, 1994

MC ①

Mr. Donnald K. Anderson
Clerk of the House
H-105 Capitol
Washington, D.C. 20515

INSIDE MAIL

RECEIVED

Dear Mr. Anderson:

I would appreciate your assistance in clarifying two items on my 1993 Financial Disclosure Report.

First, regarding my 1992 Financial Disclosure Report, I inadvertently left out a mortgage on a property in Thurmont, Maryland. I rent this property to Mr. Ken Dougherty and receive interest income between $5,001 - $15,000. I have owned this property for almost eight years and it is valued between $50,001 - $100,000. To reconcile this error, I have recorded it on my 1993 report.

Secondly, there are two typing errors on page three of my 1993 report; I own 153 acres, not 163 acres, of land in Pocohontas County, West Virginia. In addition, I own 85.3 acres, not 83.5 acres, of land in Frederick County, Maryland.

Thank you in advance for your assistance. If you should have any questions, or need further information, please do not hesitate to contact me or Susan Knight of my staff at 225-2721.

Sincerely,

Roscoe G. Bartlett
Member of Congress

RGB:sk

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 AM 10: 26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

7

Joe L. Barton
1514 LHOB Washington, DC 20515
202-225-2002

Filer Status	☑ Member, Officer, or Employee	TX 6	☐
Report Type	☑ Annual (May 15)	☐ Amended	☐ Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☐	☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	☒	☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☒	☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	☒	☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☒	☐
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☒
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	☒	☐
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☐	☒
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	☐	☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	☐	☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Joe Barton

DATE (Month, Day, Year): MAY 12, 1994

Joe L. Barton | 1 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 13, 1993	$2,000 $500
Center for the New West - c/o Washington Center Washington DC	speech	5-18-93	$500.00
Securities Industry Association - WASH DC	speech	6-25-93	2000.00
University of Colorado, College of Engineering Boulder, CO	Conference Participation (Panel)	10-1-93	1000.00
Natl Assoc. of Purchasing Management c/o ALCON LABS, Inc. - Fort Worth, Texas	Speech	11-8-93	200.00

The page may be copied for one-time use.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Joe L. Barton

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	First Natl Bank of Ennis					X							X							X							
JT	Congressional Federal Credit Union			X									X						X								
JT	Congressional Federal Credit Union		X										X					X									
JT	Ennis Business Forms				X						X									X							
JT	Atlantic Richfield Co. Stock				X						X								X								
JT	Texas Utilities Co. Stock			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Joe L. Barton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Walmart Co. Stock			X							X							X									
JT	Reebok Co. Stock			X							X						X										
JT	Southwestern Bell stock			X							X						X										
JT	Cripple Creek Condo				X												X										

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Name Joe L. Barton | Page 4 of 6

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Reebok Common stock	X			11-17-93	X						
JT	Southwestern Bell	X			11-17-93	X						
JT	Cripple Creek Condo, College Station TX	X			8-11-93		X					

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Name Joe L. Barton | Page 5 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Member's Mortgage	Mortgage on Cripple Creek Condo		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Joe L. Barton | Page 6 of 6

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	University of Colorado, College of Engineering Campus Boulder Co 80309-0422	10-1-93	Flight for J. Barton DFW-DENVER-DFW Engineering Symposium	N	Y	NONE	NO
	U.S. House of Reps Richardson/Drier CODEL-USAF Committee on Science, Space, Tech 2321 RHOB	11-5-11-7 93	Flight for J. Barton DFW-Mexico City-DFW paid for by USAir Force	Y 2 nights	Y 2½ Days	NONE	NO
		11-28-12-14-93	Flight for Joe: Janet Barton WDC-Czech Repub.-China-DC USAF C135 Aircraft	Y 15 Nights	Y 15 Nights	JANET-Spouse	NO

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 8:56

CLERK OF THE HOUSE
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

7

HERBERT HARVELL BATEMAN
(Full Name)

2350 RAYBURN HOUSE OFFICE BUILDING
(Mailing Address)

202/225-4261
Daytime Telephone

WASHINGTON, D. C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 14, 1994

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	.70 acres commercial lot, Hampton, Va.							X				X									X						
JT	Parking space, Horizon House, Arl.,Va.			X								X							X								
	Legg-Mason, Value Trust, Mutual fund				X						X			X					X								P Less than 1000
	Templeton World fund (Retirement accts)						X				X			X			N/A										
S	Templeton World Fund (Retirement accts)				X						X			X			N/A										P 2585
	Templeton World Fund			X							X			X						X							P 2213

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Herbert Harvell Bateman

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	CAPITAL GAINS AND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
	Nextel Corp--Stock			X													X										P 9/16/93
	Telefonia de Mexico--Stock			X													X										P 9/16/93
	Tidemark Bank (Formerly Newport News Savings Bank) -- Stock			X													X										
	Jefferson National Bank--Stock			X							X							X									
	Smithfield Food--Stock				X												X										
S	Interest in estate of deceased parents					X											X										
JT	Nations Bank - Checking account		X										X					X									
	VA Supplemental Retirement System				X												X										

This page may be copied if more space is required.

Name Herbert Harvell Bateman | Page 4 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Templeton World Fund (Reinvest, dividends & capital gains)	X			several	X						
	Nextel	X			9/16/93	X						
	Telefonia de Mexico	X			9/16/93	X						

This page may be copied if more space is required.

Name Herbert Harvell Bateman | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE OVER $10,000.								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NO REPORTABLE GIFTS		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Tobacco Institute Legis Conf	1/13-17	Wash.,D.C.-Palm Springs, CA --D.C. air fare	Y	Y	Y	1/17 own exp.
	Natl Assn of Broadcasters Legis Conf.	2/8-10	Wash., D.C.--Naples, Fla,-- Wash., D.C. air fare	Y	Y	Y	N.
	Orrin Hatch Charity Tourney	8/22-24	Wash., D.C.--Salt Lake City Ut. air fare	Y	Y	Y	N
	Danny Thompson Charity Tourney	8/25-28	Salt Lake City, Ut--Sun Valley Id.,--Wash., D.C. air fare	Y	Y	Y	N
	CNA Corp--Shipbuilding Industry (Speech) Conference	12/13-14	Newport News, Va.,--Wash., D.C.--Newport News, Va. air fare	N	Y	N	N

This page may be copied if more space is required.

Name Herbert Harvell Bateman	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:03

HAND DELIVERED (5)
(Office Use Only)

Xavier Becerra
(Full Name)

2435 Colorado Blvd., #200, Los Angeles, CA 90041
(Mailing Address)

(213) 550-8962
Daytime Telephone

Filer Status	☒ Member of the U S House of Representatives	State CA District 30	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) 5-16-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Univ. of Southern CA School of Medicine	Spouse Salary	NA
	The Hospital of the Good Samaritan	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Xavier Becerra | Page 3 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Home Savings – checking acct				X								X						X								
	Becerra for Congress – loan					X							X							X							
	1005 E. Mooney Dr., Monterey Park, CA						X					X										X					

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Wells Fargo Bank	mortgage on 1005 E. Mooney, M.P., CA			X				
	Stafford Loan, Boston MA	education loan for Harvard U.	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association for Bilingual Education (NABE)	Feb. 25-26	Wash., DC - Houston, TX - Los Angeles	Y	Y		N
	El Colegio de la Frontera Norte	Oct. 7-9	Wash., DC - Mexico City - Los Angeles	Y	Y	N	N
	Central American Refugee Center	Dec. 6-9	Los Angeles - El Salvador - Los Angeles	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:1

(Office Use Only)

6

Anthony C. Beilenson
(Full Name)

2465 Rayburn House Office Building
(Mailing Address)

202/225-5911
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State California District 24th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
May 12, 1994

Name	Page 2 of 6
Anthony C. Beilenson, M.C.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
Examples: State of Maryland	Legislative Pension	$9,000
Examples: Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Examples: Fairfax County Board of Education	Spouse Salary	NA
Legislators' Retirement System (California)	Legislative Pension	$11,679
Honoraria	Honoraria	NONE

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Anthony C. Beilenson, M.C. | Page 3 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

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BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP — Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	U.S. Treasury bills					X							X								X						
JT	Chevy Chase Savings and Loan			X									X					X									
JT	Riggs National Bank				X								X						X								
JT	Loyola Federal Savings Bank					X							X								X						
JT	Maryland Federal Savings & Loan					X							X									X					
JT	Cash Equivalent Fund			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anthony C. Beilenson, M.C. Page 4 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Wickliffe, Ky. (municipal bond)			X									X						X								
JT	National Gypsum (bond)			X									X				X										S
JT	State of Israel (bond)			X									X						X								
JT	Congressional Federal Credit Union			X									X						X								
	COMMON STOCKS:																										
JT	Analog Devices				X						X						X										
JT	Atlas Consolidated Mining			X							X						X										
JT	Coeur d'Alene Mines			X							X							X									
JT	Diagnostic Products Corp.				X						X								X								P
JT	Fairfield First Bank & Trust			X							X						X										P
JT	Glaxo Holdings				X						X								X								P
JT	Mylan Labs					X					X								X								S
JT	Newmont Mining Corp.				X						X								X								
JT	Phillips Petroleum				X						X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Anthony C. Beilenson, M.C.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Quaker Oats				X						X								X								S
JT	Senetek ADR				X						X								X								P
JT	Syntex Corp.				X						X								X								P
JT	WMX Technologies				X						X								X								P

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SCHEDULE IV — TRANSACTIONS

Name: Anthony C. Beilenson, M.C. | Page 6 of 6

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Quaker Oats		X		01/26/93		X					
JT	Phillips Petroleum		X		01/26/93		X					
JT	Mylan Labs		X		01/26/93		X					
JT	National Gypsum Warrants		X		11/30/93	X						
JT	Diagnostic Products Corp.	X			02/27/93		X					
JT	Fairfield First Bank & Trust	X			12/01/93	X						
JT	Glaxo Holdings	X			06/24/93		X					
JT	Senetek ADR	X			04/15/93		X					
JT	Syntex Corp.	X			04/15/93		X					
JT	WMX Technologies	X			02/24/93		X					

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A

For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES

6

MC

HAND DELIVERED

Helen Delich Bentley (Full Name)

408 Chapelwood lane (Mailing Address)

Lutherville MD 21093

410 561 1777 (Daytime Telephone)

202 225 3061 (Office Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State MD Distrct 2	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

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Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VII.	Yes [X]	No [ ]
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SIGNATURE OF REPORTING INDIVIDUAL: Helen Delich Bentley

DATE (Month/Day/Year): June 14, 1994

Name	Helen Delich Bentley	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

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	State of Maryland	Legislative Pension	$8,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Self-employed Bentley's Antique Show Mart	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Helen Delich Bentley | Page 3 of 6

BLOCK A Asset and/or Income Source		BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."								BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.					BLOCK D Amount of Income								BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting period
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	None	DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED	None	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	Over $1,000,000	
SP	Mega Corp. Stock				X							X													
Residence	123 Main St., Dover, Del.							X																	
	1st Bank of Pedria, IL accounts					X								X											
Mercantile Safe & Deposit Trust					X									X						X					
Bristol Myers Co.					X							X							X						
Maryland National Bank					X									X						X					
First National Bank				X										X				X							
GTE Corporation					X							X								X					
T. Rowe Price						X						X			X						X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Helen Delich Bentley

Page 4 of 6

BLOCK A Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H	BLOCK C Type of Income: Dividends	Interest	Rent	Blind Trust		BLOCK D Amount of Income: I None	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	BLOCK E Transaction: P, S, E
Legg Mason Value Trust			X						X						X							
Bentley's Antique Show Mart				X						X									X			
International Research & Development Corp.			X											X								

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Eastern States Blast Furnace Convention	Feb. 5	Luncheon Speaker Balto-Pitts-Balto	N	Y	N	N
	Elks National Convention	Jul 6-7	Balto-Portland-Balto Convention Speaker	Y	Y	N	N
	American Legion Convention	Jul 16	Balto-Ocean City-Balto Speaker	N	N	N	N
	Laxalt Corporation for Anti-Nafta Rally	Sept 18	Balto-Detroit-Balto Speaker	N	N	N	N
	Association of Steamship Advertisement & Promotion	Sept 24	~~Balto-NY-Balto~~ Luncheon Speaker	N	Y	N	N

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SCHEDULE VIII — POSITIONS

[illegible], compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, [illegible] representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor [illegible] or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

[illegible] held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee*	Church Home Hospital
Director*	Interseas Fast Craft Inc.
President *	Intl Resources & Development Corp.
Director** *	Villa Julie College; Sea Lites Inc.
	* All positions not compensated
	** Resigned both directorships during year

SCHEDULE IX — AGREEMENTS

[illegible] the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of [illegible] service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page [illegible]

Date	Parties To	Terms of Agreement
	Not applicable	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:00
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
mc
(Office Use Only)

9

DOUGLAS KENT BEREUTER
(Full Name)

2348 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
(202) 225-4806

Filer Status	[X] Member of the U S House of Representatives	State Nebraska District 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Douglas Bereuter

DATE (Month/Day/Year): May 12, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Arlington County - Virginia School Board	Spouse Salary	Income

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name DOUGLAS KENT BEREUTER

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C.			X									X					X									
DC	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Eric)			X									X					X									
DC	Savings Account, Calvert Group, Riggs National Bank, Washington, D.C. (Kirk)			X									X					X									
S	IRA Acct., U.S.A.A., San Antonio, Texas				X								X						NA								
S	IRA Account, U.S.A.A., San Antonio, Texas			X									X						NA								
S	Retirement Account, Teachers Retirement Fund, Arlington, VA				X								NA						NA								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOUGLAS KENT BEREUTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Checking Account, First Virginia Bank Falls Church, Virginia			x									x					x									
JT	Checking Account, Cornhusker Bank, Lincoln, Nebraska			x									x					x									
DC	Son's annuity rights under settlement of personal injury action. United Services Automobile Association, San Antonio, Texas (Eric)					x											x										
S	Federal Employees Thrift Savings Plan New Orleans, Louisiana				x								NA					NA									
E L F	One-quarter shareholder in family corporation owning 38 acres of land and residence in unincorporated portion of Summit County, Colorado and a parcel with storage building in Utica, Nebraska; and shared interest with extended family of farmland and pastureland in Reno County, Kansas. My individual interest in the Reno County real estate is 1/24 and 1/36 of separate parcels. No earned income						x										x										
DC	Now Account, First Virginia Bank Falls Church, Virginia (Kirk)		x										x					x									
JT	Mutual Funds, U.S.A.A., San Antonio, Texas				x						x			x						x							
DC	Mutual Funds, U.S.A.A., San Antonio, Texas (Kirk)				x						x									x							

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SCHEDULE IV — TRANSACTIONS

Name DOUGLAS KENT BEREUTER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None or N/A											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE REPORTABLE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
1993 House Republican Retreat Congressional Institute Inc. Princeton, New Jersey		Feb. 25-27	Washington, D.C. - Princeton, New Jersey - Washington, D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Trustees	Nebraska Wesleyan University, Lincoln, Nebraska
Board of Directors	Bread for the World, Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

DOUG BEREUTER
1ST DISTRICT, NEBRASKA

COMMITTEE ON BANKING, FINANCE AND URBAN AFFAIRS
SUBCOMMITTEES
HOUSING AND COMMUNITY DEVELOPMENT
CONSUMER CREDIT AND INSURANCE
INTERNATIONAL DEVELOPMENT, FINANCE, TRADE AND MONETARY POLICY

COMMITTEE ON FOREIGN AFFAIRS
SUBCOMMITTEES
INTERNATIONAL ECONOMIC POLICY AND TRADE
INTERNATIONAL SECURITY, INTERNATIONAL ORGANIZATIONS AND HUMAN RIGHTS

SELECT COMMITTEE ON INTELLIGENCE

MAY 25 PM 2:37

Congress of the United States
House of Representatives
Washington, DC 20515-2701

2348 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-2701
(202) 225-4806

DISTRICT OFFICES:
1045 K STREET
LINCOLN, NE 68508
(402) 438-1598

502 N. BROAD ST.
FREMONT, NE 68025
(402) 727-0888

RURAL CAUCUS
ENVIRONMENTAL AND ENERGY STUDY CONFERENCE
RURAL HEALTH CARE COALITION

May 25, 1994

MC ✓ (3)

Hon. Donnald K. Anderson
Clerk of The House
1036 Longworth Building
Washington, D.C. 20515

Dear Mr. Anderson:

This is an amendment to my 1993 Financial Disclosure in which I inadvertently left off the following information from Schedule III "Assets and Unearned Income" regarding two mutual funds purchased through U.S.A.A. Block "E" should have listed "P" for purchase.

Schedule IV should indicate that the joint fund was purchased on January 11, 1993, and the fund for my son, Kirk, was purchased on February 24, 1993. The amount of each transaction is category "C" $15,001 - $50,000, (see enclosure).

If you have any further questions, please do not hesitate to contact me at 5-4806. Thank you for your assistance.

Sincerely,

Doug Bereuter

DOUG BEREUTER
Member of Congress

DB/re

Enclosure

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DOUGLAS KENT BEREUTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
JT	Checking Account, First Virginia Bank Falls Church, Virginia			x									x					x									
JT	Checking Account, Cornhusker Bank, Lincoln, Nebraska			x									x					x									
DC	Son's annuity rights under settlement of personal injury action. United Services Automobile Association, San Antonio, Texas (Eric)					x											x										
SP	Federal Employees Thrift Savings Plan New Orleans, Louisiana				x								NA					NA									
S	One-quarter shareholder in family corporation owning 38 acres of land and residence in unincorporated portion of Summit County, Colorado and a parcel with storage building in Utica, Nebraska; and shared interest with extended family of farmland and pastureland in Reno County, Kansas. My individual interest in the Reno County real estate is 1/24 and 1/36 of separate parcels. No earned income						x										x										
DC	Now Account, First Virginia Bank Falls Church, Virginia (Kirk)		x										x					x									
JT	Mutual Funds, U.S.A.A., San Antonio, Texas				x						x			x						x							P
DC	Mutual Funds, U.S.A.A., San Antonio, Texas (Kirk)				x						x									x							P

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Name	Page ___ of ___

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Mutual Funds, U.S.A.A., San Antonio, Texas	x			1-11-93		x					
DC	Mutual Funds, U.S.A.A., San Antonio, Texas (Kirk)	x			2-24-93		x					

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 2:14
HAND DELIVERED
(Office Use Only)

CONGRESSMAN HOWARD L. BERMAN
(Full Name)

2201 Rayburn Building
Washington, D.C. 20515
(Mailing Address)

202 225-4695
Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives	State CA District 26th	[XX] Officer or Employee	Employing Office HOWARD L. BERMAN
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [XX]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Howard L. Berman

DATE (Month/Day/Year): 5/16/94

Name HOWARD L. BERMAN 2 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
City of Los Angeles	Spouse Salary	N.A.

For payments to charity in lieu of honoraria, use Schedule II

Name	Page
HOWARD L. BERMAN	3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	MCA, Inc., Universal City, CA	Speech	March 26, 1993	$2,000

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Name HOWARD L. BERMAN

Page 4 of 10

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X															
JT	1st Bank of Peoria, IL accounts					X							X							X							
	NONE																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HOWARD L. BERMAN

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E

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SCHEDULE IV — TRANSACTIONS

Name HOWARD L. BERMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Congressional Federal Credit Union Washington, D.C.	Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Washington Institute for Near East Policy	Oct.15-17 1993	Auto Washington,D.C. to Queenstown, MD to Washington,D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

26TH DISTRICT, CALIFORNIA

FOREIGN AFFAIRS
CHAIRMAN, SUBCOMMITTEE ON
INTERNATIONAL OPERATIONS
BUDGET
JUDICIARY

Congress of the United States
House of Representatives
Washington, DC 20515-0526

HOWARD L. BERMAN

2201 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0526
(202) 225-4695

DISTRICT OFFICE
(818) 891-0543
(818) 784-1206

May 16, 1994

Payment to Charities (only one (1) for 1993)

Friday, March 26, 1993
SPEECH in Universal City, CA
$2,000.....donation sent directly to:
United Jewish Fund
Jewish Federation Council
of Los Angeles
P.O. Box 54114
Los Angeles, CA 90054-0114

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:03
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

9

Tom Bevill
(Full Name)

2302 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, DC 20515
- OR -
(Mailing Address)

3327 N MILITARY ROAD
ARLINGTON, VA 22207
(703) 225 4976
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State ALABAMA District FOURTH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tom Bevill

DATE (Month/Day/Year): 5.13.94

Name Tom Devill 4th Wisconsin | Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DEPARTMENT of the Army	Pension	3,858 00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Industrial League of Orange Co. Irvine, CA	Speech - DC	March 26, 1993	2,000
	Coalition of EPSCoR STATES, Washington, DC	Speech - "	May 6, 1993	1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Tom Bevill 4th Alabama | Page 4 of 4

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] any other asset or source of income which [illegible] more than $200 in "unearned" income during the year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
S	SPOUSE LON BETTS BEVILL INHERITED 1/4 INTEREST IN A PLOT OF LAND 10 ACRES IN Mo Calla, ALABAMA				X						NOT APPLICABLE						X										
JT	MERRILL LYNCH IRA ACCOUNT FOR TOM BEVILL 1982-1993 (CONSISTS OF FEDERAL SECURITIES) (NOT SELF-DIRECTED)				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tom Revill 4th Hilarpata

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
JT	MERRILL LYNCH IRA ACCOUNT FOR LEW BETTS REVILL 1983-1993 (CONSISTS OF FEDERAL SECURITIES) (NOT SELF-DIRECTED)			X									X						X								
JT	WRIGHT PATMAN CONGRESSIONAL CREDIT UNION - WASH. D.C.			X									X						X								
JT	FIRST VIRGINIA BANK FALLS CHURCH, VA			X									X						X								
JT	U.S. TREASURY - U.S. SAVINGS BONDS SERIES EE			X								N/A					X										
JT	MERRILL LYNCH CAPITAL BUILDER ACCOUNT FOR TOM + LEW REVILL (WASHINGTON GAS LIGHT STOCK)					X					X									X							

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SCHEDULE IV — TRANSACTIONS

Name Tim Bevill - 4th District Alabama | Page 6 of 9

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.											
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	Merrill Lynch Capital Builder Account											
	of Tim + Lou Bevill											
	Purchased stock as follows:											
	Washington Gas Light	X			6-9-93	X						
	Washington Gas Light	X			9-22-93	X						
	Washington Gas Light	X			12-17-93		X					
	U.S. Treasury - U.S. Savings Bonds Series EE											
	Purchased for Non-Dependent Children as Gifts											
	and mailed directly to them from U.S. Treasury											
	as noted below											
	Double EE Bonds	X			4-1-93 Payroll Deduction	X						
	Double EE Bonds	X			2-1-93 Payroll Deduction	X						
	Double EE Bonds	X			2-1-93 Pay roll Deduction	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Central Utah Water Control District (Speech in Salt Lake City, Utah)	March 11-12-1993	Washington, DC - Salt Lake City, Utah - Washington DC	Y	Y	Y	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1994 75–884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:02

HAND DELIVERED

JAMES H. BILBRAY
(Full Name)

2431 RAYBURN HOB
WASHINGTON D.C. 20515
(Mailing Address)

(202) 225-5965
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State NV Distinct 01	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL James H. Bilbray

DATE (Month/Day/Year) 5/16/94

Name JAMES BILBRAY | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name JAMES BILBRAY | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	UST	Speech	Jan 8, 1993-Jan 10, 1993	$ 1,000.
	AMERICAN MEDICAL ASSOCIATION	Speech	Oct 23, 93 - Oct 25, 93	$2,000.
	TEXTRON	Speech	Dec 6, 93	$ 1,000.

This page may be copied if more space is required.

Name JAMES BILBRAY | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide full address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Excludes: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	DC 123 Main St., Dover, Del.						X					X										X					
	JT 1st Bank of Peoria, IL accounts					X							X							X							
JT	25% interest in parcels 82-11-02 04-07-10 in Santa Cruz, CA			X													X										
JT	12.5% El Mirador property Clark County, NV						X										X										
JT	25% interest in 15 acres Lone Mtn + Decatur, Clark County, NV							X									X										
JT	15% interest commercial property next to K-Mart, Henderson, NV						X										X										
JT	50% interest 260 acres Bellview, ID								X								X										
JT	317 shares of 109 INC. A NV CORP.						X										X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JAMES BILBRAY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	75% interest, B.I Investment parcel 82-091-02, Santa Cruz, CA				X												X										
JT	Note due from Don Williams, Clark County, NV				X												X										
JT	The Warf Restaurant Real Estate, Clark County, NV						X					X											X				
JT	84 Shares, Leroy properties + Development Corp.		X														X										
JT	Leisure Codel Partnership (partnership income)			X							X								X								
JT	Wright Patman Bank Account				X								X						X								
JT	First ~~Federal~~ Interstate Bank – Savings			X									X						X								
JT	B.I. Investments Bank account Valley Bank			X									X							X							
JT	Note Receivable, Victorville, CA				X								X							X							
JT	B.I. Investments, parcel 020-794-004	X												X									X				
JT	Note due from Landra Reid, Clark County, NV.				X												X										
JT	Note, Billy Goat acres, note from sale of parcel 020-794-004				X												X										
JT	B.I. investment notes from sale of parcels 200-330-012, 200-340-004, 09A-290-004					X							X							X							
JT	James + Michelene Bilbray, 35% interest 1 acre parcel 250-56-001, Clark County, NV (last year called B.I. Investment)					X											X										
JT	25% interest 1/3 acre W. Flamingo Rd., Clark County, NV													X								X					

This page may be copied if more space is required.

Name JAMES BILBRAY | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	25% interest 25 acres W. Flamingo Rd. Clark County, NV		X		9-22-93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** **during** the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	B.I. Investments	Loans			X				
JT	Loan Secured by Billy Goat acres note from Sale of parcel 020-794 004	Loans		X					
JT	Note for Sale BI Investments parcel 250-56-001 to James + Michelene Bilbray	Deed of Trust			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	L.A. Host Committee	Nov 29 - Dec 3, 1993	Wash, D.C. - L.A. - Wash, D.C.	Y	Y	Y	Y [redacted]
	UST	Jan 8-10, 1993	Wash D.C. - Boca Raton - Wash D.C.	Y	Y	Y	N
	AMA	Oct 23-25, 1993	Wash D.C. - San Francisco - Wash D.C.	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Sec. – Treasurer + Director (James Bilbray) – uncompensated	B.I. Investments
[redacted] TRUSTEE	JAMES A. Bilbray Family TRUST (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:04
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

MC (10)

MICHAEL BILIRAKIS
(Full Name)

2240 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
(Mailing Address)

202-225-5755
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State FLORIDA Distnct 09	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Michael Bilirakis

DATE (Month/Day/Year) 5/16/94

Name	MICHAEL BILIRAKIS	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	OMEGA REAL ESTATE	SPOUSE COMMISSIONS	$400.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	OFFICE BLDG.* 4538 BARTELT RD HOLIDAY, FL					X						X										X					
JT	BELLEHAVEN APTS. DUNEDIN, FL (1/2) PITTSBURGH PA.			X													X	NO OPERATIONAL INTEREST									
JT	RENTAL CONDO, GATEWAY TOWERS, ATHENS AND PINELLAS				X							X									X	NET LOSS					
S	BLDG (1/3) TARPON SPRINGS, FL. 1/3 OF TWO LOTS, HOPE SUB. DIV.			X								X							X			NET LOSS					
S	UNIMPROVED REALTY, TARPON SPRINGS, FL. 306 DRIFTWOOD DRIVE			X													X										
JT	RENTAL HOUSE PALM HARBOR, FL						X										X										

* County changed street numbers-was 1017

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL BILIRAKIS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	NATIONS BNK OF FL/CD'S, SAVINGS & CHK.				X								X							X							
JT	BARNETT BANK, MM & CHK				X								X						X								
JT	PEOPLE'S STATE BNK. SAVINGS, CD's, CHK				X								X						X								
	CONGRESSIONAL FEDERAL CREDIT UNION																			X							
JT	CD'S, CHECKING, SAVINGS				X								X														
JT	CITIZEN'S FEDERAL BANK			X									X					X									
JT	A.G. EDWARDS CASH FUND			X									X					X									
	HOLIDAY FISH AND CHIPS CORPORATION (FORMERLY AMEV)					X											X										
S	FORTIS SECURITIES			X							X								X								
S	CAESARS WORLD STOCK (100 SHARES)			X													X										•
S	TAX EXEMPT SECURITIES TRUST FUND		X								X								X								S
S	WASHINGTON ST. POWER SUPPLY BONDS			X									X						X								
S	COUNTY OF ARMSTRONG BONDS			X									X						X								
S	COUNTY OF STONE, MISSOURI BOND		X										X					X									
S	1st NATIONAL BANK OF PASCO STOCK			X													X										P
JT	FIRST UNION CORPORATION STOCK			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL BILIRAKIS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
S	1ST UNION CORP STOCK (IRA)			X							X								X								
	A.G. EDWARDS																										
S	DAILY CASH ACCUMULATION FD. (IRA)			X									X					X									
S	PUTNAM HIGH INCOME GOV'T TR. (IRA)			X							X								X								
S	LIFE OF GEORGIA (IRA)			X									X						X								
	TARPON FOODS (SOLD 12/1/88)	X									BAD DEBT RECOVERY										X						
	A.G. EDWARDS												X						X								
	DAILY CASH ACCUMULATION FD. (IRA)			X																							
	FIRST UNION CORP STOCK (IRA)												X						X								
	PUTNAM HIGH INCOME GOV'T TR. (IRA)				X						X										X						
	A.G. EDWARDS INC. STOCK (IRA)					X					X								X								
	IBM STOCK (IRA)			X							X								X								
	KARANIKOLES MORTGAGE																					PRINCIPLE AND					
JT	529 GRAND AVE. TARPON SPRINGS, FL.				X								X								X	INTEREST					
	INNOVET INC. STOCK (IRA)		X														X										
S	FORTUNE BANCORP STOCK (IRA)			X													X										S
JT	INNOVET INC. STOCK			X													X										
	KARANTONIS MORTGAGE																					PRINCIPLE AND					
	BANANA ST. PROP. TARPON SPRINGS, FL.				X								X								X	INTEREST					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL BILIRAKIS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
S	IBM STOCK (IRA)			X							X							X									

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SCHEDULE IV — TRANSACTIONS

Name MICHAEL BILIRAKIS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
S	FORTUNE BANCORP (IRA)		X		4-23-93	X						
	FORTUNE BANCORP (IRA)		X		4-23-93	X						
S	PURCHASED ADD'L 500 SHARES FNB OF PASCO @ 3.00/SHARE	X			8-93	X						
S	TAX EXEMPT SECURITY TRUST TERMINATION		X		4-15-93	X	(APPROX. $600.00)					

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Name MICHAEL BILIRAKIS

Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	BARNETT BANK, HOLIDAY, FL	** 4538 BARTELT MORTGAGE LAW OFFICE BUILDING			X				

*county changed street numbers-was 1017

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NAT'L ASSN. BROADCASTERS	FEB 8-10	DRIVE OWN AUTO TAMPA-NAPLES-TAMPA	Y	Y	SPOUSE	0
AIPAC	AUG 14-21					
AHI	AUG 22-29	NYC-ISRAEL-GREECE-NYC	Y	Y	SPOUSE	0

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Name MICHAEL BILIRAKIS	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PRESIDENT/DIRECTOR	HOLIDAY FISH AND CHIPS CORPORATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:40
U S HOUSE OF REPRESENTATIVES
(13)

HAND DELIVERED
(Office Use Only)

Sanford D. Bishop, Jr.
(Full Name)

1632 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: (202) 225-3631

Filer Status	[X] Member of the U.S. House of Representatives	State GA District 2nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sanford D. Bishop, Jr.

DATE (Month/Day/Year) May 16, 1994

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Sanford D. Bishop, Jr.

Page 2 of 5

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	Examples: 123 Main St., Dover, Del.						X					X										X					
	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
	Bank South, Columbus, Ga			X									X					X									
	Merrill Lynch Municipal Bond Investment Trust			X							X		X						X								
	AmSouth Bank, NA												X					X									
	1st Union Nat'l Bank of DC												X					X									
	Congressional FCU		X										X					X									
	Lot 24A Lakemont Heights Hartwell, Ga			X													X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sanford D. Bishop, Jr.

Page 3 of 6

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	4129 Roman Drive, Columbus, Ga (Personal Residence)					X											X										
*JT	Merrill Lynch CMA Money Account				X						X		X				X										
*JT	Commonwealth Bank			X									X				X										
*JT	Prudential Securities Bank of New York Unit					X					X						X										
*JT	Investment Trust			X							X		X				X										
*JT	AmSouth			X									X				X										
*JT	Gulf Federal Bank			X									X				X										

*ALL INCOME PAID TO JOINT TENANT

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Name Sanford D. Bishop, Jr. | Page 4 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Congressional Federal Credit Union	Revolving Charge Account	X						
	Columbus Bank & Trust Company	Personal loan for share of former business loan	X						
	Columbus Bank & Trust Company	Campaign loan (Joint with Campaign Committee) PAID IN FULL		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Project Interchange	Aug 21-28	Wash, DC, Tel Aviv-Wash, DC	Y	N	N	

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Name Sanford D. Bishop, Jr.	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	A.J. McClung YMCA, 1175 Martin Luther King Jr., Blvd. Columbus, Georgia
Board Member	Wm H. Spencer Golden Owlettes, Columbus, Georgia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

A SEMINAR IN ISRAEL
FOR
MEMBERS OF CONGRESS
August 21-29, 1993

TRAVEL INFORMATION FOR THE HONORABLE SANFORD BISHOP

Please check your tickets carefully

Do not check your luggage through from your connecting flight since this often presents difficulties. Please check it through only to New York, and carry it with you to the El Al Airlines counter.

DEPARTURE
Depart Washington National Airport TWA flight #7748, Saturday August 21, at 4:40 p.m. Arrive at New York JFK Airport Saturday, August 21, at 6:14 p.m.

Depart New York JFK Airport El Al flight # 008, Saturday, August 21, at 11:20 p.m. Arrive at Ben Gurion Airport, Tel Aviv, Sunday, August 22, at 4:45p.m.

You will be met in Israel at Ben Gurion Airport just beyond customs clearance by a representative of ISRAM Tours & Travel, who will accompany you to the hotel.

RETURN
Depart Ben Gurion Airport, Tel Aviv, El Al Flight # 001, Friday, August 27, at 1:00 a.m. Arrive at JFK Airport, New York, same day, at 5:40 a.m.

Depart JFK Airport TWA Flight # 7737, Friday, August 27, at 8:40 a.m. Arrive Wawshington National Airport at 9:59 a.m.

SCHEDULE	HOTEL	PHONE AND FAX
August 22	Carlton Hotel Tel Aviv	P: 011-972-3-291291 F: 011-972-3-287034
August 23	Kibbutz Nof Ginossar, Galilee	P: 011-972-6-792161/3 F: 011-972-6-792170
August 24-27	Laromme Hotel, Jerusalem	P: 011-972-2-756666 F: 011-972-2-756777

Useful contacts in Israel:

American Jewish Committee - Israel office
Tzippi Romirowsky or Dr. Michael Oren
16 King George Street, 5th Floor
Jerusalem, Israel
(o) 02-255281 / Fax: 02-254396

Project Interchange
An Institute of the American Jewish Committee

presents

A Seminar in Israel for Members of Congress

August 21-29, 1993

Organized by

Project Interchange

and

The National Jewish Community Relations Advisory Council

Staff:	Richard Foltin, American Jewish Committee
	Michael Greenberg, NJCRAC
Coordinators:	Lisa Eisen, Project Interchange, USA
	Tzippi Romirowsky, American Jewish Committee, Israel

(Itinerary is preliminary and subject to change.)

Saturday, August 21	DEPARTURE
11:20 p.m.	Depart New York John F. Kennedy Airport on El Al Flight # 008

Sunday, August 22-Day 1	WELCOME TO ISRAEL
4:45 p.m.	Arrival at Tel Aviv Ben Gurion Airport
	Assistance through customs and transfer to Carlton Hotel in Tel Aviv
8:00 p.m.	Welcome and orientation dinner with Dr. Michael Oren, Director of the Israel Office of the American Jewish Committee, in Old Jaffa
Overnight	Carlton Hotel, Tel Aviv

Monday, August 23–Day 2	U.S.- ISRAEL RELATIONS/ STRATEGIC AND SECURITY ISSUES
7:00-7:30 a.m.	Breakfast at hotel
8:00-9:00 a.m.	"Current Issues in U.S.-Israel Relations," meeting with U.S. Ambassador to Israel William Brown
9:30-11:00 a.m.	"A Strategic Survey of the Middle East," briefing with Professor Joseph Alpher of the Jaffee Center for Strategic Studies at the hotel
11:30-12:30 p.m.	"Update on U.S.-Israeli Trade Relations," meeting with Dov Lautmann, President of the Manufacturers' Association of Israel
1:00-4:00 p.m.	Lunch and tour of Israel Aircraft Industries
	Depart for the Galilee and Kibbutz Nof Ginossar

7:00 p.m.	Dinner at kibbutz
8:30 p.m.	"The Israeli-Syrian Military Balance," briefing with Israel Defense Forces spokesman
Overnight	Kibbutz Nof Ginossar

Tuesday, August 24—Day 3 **SECURITY IN THE NORTH**

7:00 a.m.	Breakfast at kibbutz
8:00-9:30 a.m.	Visit Christian sites on the Sea of Galilee, including Capernaum and Mount of the Beatitudes
10:30-1:00 p.m.	"Security Issues in the North," tour the Golan Heights accompanied by Israel Defense Forces spokesman
	Lunch with soldiers at an army base
2:00-6:00 p.m.	Personalized visits tailored to special interests of Members of Congress
	Proceed to Jerusalem
	Free evening and dinner on your own
Overnight	Laromme Hotel, Jerusalem

Wednesday, August 25—Day 4 **NATIONAL POLITICS**

	Breakfast at hotel
8:00-9:30 a.m.	Visit Mevasseret Tzion Absorption Center and meet with new Ethiopian and Soviet immigrants and with Jewish Agency Representative Tzippora Libben
10:00-11:30 a.m.	"Israeli Politics," discussion with Professor Ehud Sprinzak of the Hebrew University at the hotel

12:00-4:00 p.m.	"Issues on the National Agenda," visit and lunch at the Knesset and meetings with Members of Knesset of various parties
	Meeting with Labor Party M.K. Naomi Chazan
	Meeting with Likud Party Leader Benjamin Netanyahu
	Meeting with Arab M.K., "The Status of Arabs in Israel"
5:00 p.m.	Meeting with Prime Minister Yitzhak Rabin at the Prime Minister's office
	Free time and dinner on your own
8:30 p.m.	Home hospitality with Israeli families
Overnight	Laromme Hotel, Jerusalem

Thursday, August 26–Day 5 — **THE ARAB-ISRAELI CONFLICT AND THE PEACE PROCESS**

	Breakfast at the hotel
10:00-11:30 a.m.	"How U.S. Aid to Israel Helps the American and Israeli Economies," briefing with Finance Ministry representative
12:30-3:30 p.m.	Tour of West Bank, lunch and discussion with Jewish settlers
4:30-6:00 p.m.	"Prospects for Peace: The Palestinian Perspective," meeting with Ziad Abu Ziad, Advisor to the Palestinian delegation to the peace talks, and with other Palestinian leaders
8:30 p.m.	Dinner with Foreign Minister Shimon Peres or Deputy Foreign Minister Yossi Beilin

Overnight	Laromme Hotel, Jerusalem

Friday, August 27–Day 6 — **THE HISTORY AND RELIGION OF ISRAEL**

	Breakfast at hotel
8:00-9:30 a.m.	"The History and Vision of Zionism," discussion with Avraham Infeld, Chairman of the Melitz Center for Jewish-Zionist Education, at the hotel
10:00-11:30 a.m.	Visit Yad Vashem Holocaust Memorial and lay wreath at the Avenue of the Righteous Gentiles
12:00-5:00 p.m.	Free time and lunch on your own
5:00-7:00 p.m.	Walking tour of the Old City, including Jewish and Christian sites
7:00 p.m.	Greet the Sabbath at the Western Wall
8:00 p.m.	"Human Rights in Israel and the Territories," Sabbath dinner and discussion with Supreme Court Justice Gabriel Bach
Overnight	Laromme Hotel, Jerusalem

Saturday, August 28–Day 7 — **HISTORY, RELIGION AND ARCHEOLOGY**

7:00 a.m.	Breakfast at hotel
8:00-9:00 a.m.	Walking tour of Moslem sites in the Old City, including Dome of the Rock and Al-Aksa Mosque
9:00 a.m.	Depart for Masada
10:30-12:00 p.m.	Visit Masada

12:30-2:00 p.m.	Swim and cafeteria lunch at the Dead Sea
3:00-4:00 p.m.	Visit Bethlehem and the Church of the Nativity
6:30-7:30 p.m.	"Puzzling Issues and Unanswered Questions," wrap-up session with Dr. Michael Oren, Director of the Israel Office of the American Jewish Committee
8:00 p.m.	Farewell dinner in Jerusalem restaurant
10:00 p.m.	Depart for Ben Gurion Airport

Sunday, August 29 — **DEPARTURE**

1:00 a.m.	Depart Ben Gurion International Airport on El Al Flight # 001
5:40 a.m.	Arrive New York JFK Airport

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:17
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Congressman Lucien E. Blackwell
(Full Name)

410 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-4001

Filer Status	[X] Member of the U.S. House of Representatives	State: Pennsylvania District: 02	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL L. E. Blackwell

DATE (Month/Day/Year) May 16, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City Council of Philadelphia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Name	Page
Lucien E. Blackwell	3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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Name Lucien E. Blackwell

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	TAX-FREE BLAND TRUST	None	I $200 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X																P
Examples:	123 Main St., Dover, Del.							X					X														
Examples:	1st Bank of Peoria, IL accounts					X																					
JT	Savings Acct. Core States Bank			X									X					X									
JT	Checkings Acct, CoreSt- Cntr Sq			X									X														
JT	Phila Fed. Credit Union				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lucien E. Blackwell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		None; A $1 – $1,000; B $1,001 – $15,000; C $15,001 – $50,000; D $50,001 – $100,000; E $100,001 – $250,000; F $250,001 – $500,000; G $500,001 – $1,000,000; H Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	None; I $1 – $200; II $201 – $1,000; III $1,001 – $2,500; IV $2,501 – $5,000; V $5,001 – $15,000; VI $15,001 – $50,000; VII $50,001 – $100,000; VIII $100,001 – $1,000,000; IX Over $1,000,000	P, S, E
	SEE PAGE FOUR				

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Name: Lucien E. Blackwell

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10-12-93		X					
	NONE												

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
NONE		

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK
1994 MAY 11 PM 3:23
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

7

THOMAS J. BLILEY, JR.
(Full Name)

2241 Rayburn House Office Building
Washington, D. C. 20515
(Mailing Address)

(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia Distrct Seventh	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tom Bliley

DATE (Month/Day/Year) 5/11/94

Name	THOMAS J. BLILEY, JR.	Page 7 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
The Tobacco Institute	Speech	January 14,1993	$2,000.00
National Association of Independent Insurers	Speech	March 1, 1993	$ 500.00
College of American Pathologists	Speech	May 5, 1993	$2,000.00
National Food Processors Association	Speech	June 9, 1993	$1,000.00
Smokeless Tobacco Council, Inc.	Speech	August 2, 1993	$1,000.00
National Automobile Dealers Association	Speech	Sept. 15, 1993	$2,000.00

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Name THOMAS J. BLILEY, JR. | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	American Home Products Corp. Stock					X					X										X						
	Burlington Northen, Inc. Stock				X						X								X								
	Burlington Resources, Inc. Stock				X						X								X								
	Cigna Corporation Stock				X						X								X								
	CSX Corporation Stock			X							X							X									
	Chesapeake Corporation Stock				X						X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS J. BLILEY, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Crestar Financial Corporation Stock						x				x										x						
	Dominion Resources, Inc. VA Stock				x						x									x							
	Dow Chemical Company Stock				x						x									x							
	El Paso Natural Gas Stock			x							x							x									
	Ethyl Corporation Stock			x							x								x								
	First Colony Corporation Stock			x							x							x									Spinoff
	GTE Corporation Stock				x						x									x							
	Home Beneficial Corporation Stock				x						x									x							
	Jefferson Bankshares, Inc. Stock				x						x								x								
	Media General, Inc. Stock				x						x								x								
	Nationsbank Corporation Stock					x					x									x							
	Reynolds Metals Company Stock			x							x								x								
	Telefonos De Mexico Stock				x						x								x								
	BB&T Financial Corporation Stock				x						x								x								
	Jefferson National Bank - Checking			x									x						x								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS J. BLILEY, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Alliance Tax Exempt Reserves				x								x						x								
	Capital Regional Airport Bonds				x								x							x							
	Fairfax County, Va.Municipal Bonds				x								x							x							
	Norfolk Va.,West.Cant.Municipal Bds.			x									x						x								
	West Point,Va., Municipal Bonds				x								x							x							
	Winchester, Va.,West Cant.Munic.Bds.				x								x							x							
	U. S. Treasury Notes					x							x								x						
	Joseph W.Bliley Real Estate Corp Stock	x												x									x				S
	The New Economy Fund (Keogh)				x						x			x						x							
	IRA-Alliance Capitol Reserve Money Market Fund/Government Securities				x								x							x							
	Prudential Insurance			x							x								x								
	2505 Winston Court,Glen Allen, Va.					x						x							x								

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SCHEDULE IV — TRANSACTIONS

Name THOMAS J. BLILEY, JR. | Page 6 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10-12-93		X					
	First Colony Corporation Stock Spinoff from Ethyl Corporation				6-30-93	X						
	Joseph W.Bliley Real Estate Corporation Stock		x		9-24-93		x					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	U. S. Tobacco Company - Jack Africk Charity Pro-Am Tennis Tournament	Jan.8-11	Wash.,D.C.-Boca Raton,Fl.-Washington, D.C.	Y	Y	Y	N
	The Tobacco Institute-Speech	Jan.13-17	Wash.D.C.-Palm Springs,Ca.-Wash. D.C.	Y	Y	Y	One Day
	The Congressional Institute,Inc. '93 Congress of Tomorrow - Princeton	Feb.25-27	Wash.,D.C.-Princeton,N.J.-Wash.,D.C.	Y	Y	Y	N
	Societe Nationale de Chemin de Fers (SNCF) -French Government (while on Commerce Com. fact-finding trip)	April 10	Paris,France-St.Pierre des Corps-Paris,France-high speed train	N	Y	Y	N
	American International Group, Inc.-Health Care Program	April 15-16	Wash.,D.C.-Atlanta,Georgia-Richmond, Virginia	Y	Y	N	N
	Smokeless Tobacco Council-Speech	August 2	Wash.D.C.-Williamsburg,Va.-Wash.,D.C.	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 1:46

HAND DELIVERED

(4)

330

Peter I. Blute

657 South Street (508) 845-6860

Shrewsbury, MA 01545

Filer Status	[X] Member of the U.S. House of Representatives — State: MA District: 03	[ ] Officer or Employee of the Legislative Branch	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter I. Blute

DATE (Month/Day/Year): May 12, 1994

Name	Page 2 of 4
Peter I. Blute	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
HVL Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Peter I. Blute

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: SP Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Baybanks Savings Account (cont.) Dedham, MA			X									X					X									
SP	Shawmut Savings Account (cont.) Boston, MA			X									X					X									
SP	Greenary Rehabilitation (cont.) Group Inc. Cambridge, MA		X														X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter I. Blute

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Maxicare Health Plan Inc.(cont Los Angeles, CA		x														x										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 10:59

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(Office Use Only)

6

Sherwood L. Boehlert
(Full Name)

1127 Longworth HOB
(Mailing Address)

202/225-3665
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State New York Distinct 23rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Sherwood L. Boehlert

DATE (Month/Day/Year) 5/12/94

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Council of Scientific Society Presidents Meeting Washington, D.C.	Speech	May 5, 1993	$250.00
CSX Corp. Transportation Issues Seminar White Sulphur Springs, West Virginia	Speech	May 30, 1993	$1,000.00
Arthur Andersen & Co. Manufacturing Industry Seminar, Washington, D.C.	Speech	June 30, 1993	$500.00
Association of American Railroads Legislative Conference, Jackson Hole, WY	Speech	July 10, 1993	$1,000.00
Polyisocyanurate Insulation Manufacturers Assn. Annual Meeting, Washington, D.C.	Speech	Nov. 9, 1993	$500.00

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Name Sherwood L. Boehlert

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	GPO Credit Union		X										X					X									Closed-No Value
JT	General Money Market Fund	X																									
JT	NBT Common Stock				X						X								X								
JT	Marietta Common Stock		X														X										
JT	Limited Partnership Utica Baseball Club			X													X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Sherwood L. Boehlert

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	General Money Market Fund	Closed No Value			1992							

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CSX Corp. - Seminar	May 28-31	Syracuse, NY-White Sulphur Springs, WV-Syracuse, NY	Y	Y	Y	N
	Assn. of American Railroads Conference	July 9-12	Syracuse, NY-Jackson Hole, WY-Syracuse, NY	Y	Y	Y	N
	RBC Associates-Conference	July 16-18	Wash., D.C.-Hot Springs, VA-Utica, NY	Y	Y	N	N
	Danny Thompson Charity Golf Tournament	Aug. 25-29	Syracuse, NY-Sun Valley, ID-Syracuse, NY	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, **proprietor, representative,** employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor **organization,** or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	Utica Baseball Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mar)

Use additional sheets if more space is required.

SHERWOOD BOEHLERT
23D DISTRICT, NEW YORK

COMMITTEES
SCIENCE, SPACE, AND TECHNOLOGY
RANKING REPUBLICAN, SUBCOMMITTEE ON SCIENCE

PUBLIC WORKS AND TRANSPORTATION
RANKING REPUBLICAN, SUBCOMMITTEE ON WATER RESOURCES AND ENVIRONMENT
SUBCOMMITTEE ON AVIATION
SUBCOMMITTEE ON ECONOMIC DEVELOPMENT

U.S. DELEGATION, NORTH ATLANTIC ASSEMBLY
CHAIRMAN, NORTHEAST AGRICULTURE CAUCUS
NORTHEAST-MIDWEST CONGRESSIONAL COALITION

Congress of the United States
House of Representatives
Washington, DC 20515-3223

WASHINGTON OFFICE
1127 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-3223
(202) 225-3865

CENTRAL OFFICE
ALEXANDER PIRNIE FEDERAL BUILDING
10 BROAD STREET
UTICA, NY 13501
(315) 793-8146

TOLL FREE, 1-800-235-2525

June 23, 1994

1

MC

INSIDE MAIL

94 JUN 24 PM 3 06

Mr. Donnald K. Anderson
Office of the Clerk
U.S. House of Representatives
Records and Registration Office
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Donn:

Yesterday I received from RBC Associates a check in the amount of $500.00 made out to a charity in lieu of an honorarium for a speech given July 17, 1993, at the Cooperstown Conference at Hot Springs, VA. The event was listed on Schedule VII of my 1993 financial disclosure, but the speech was not on Schedule II because no check had been received at the time I filed.

A Schedule II sheet showing the charity which will receive this check will be placed in a sealed envelope and sent to the Committee on Standards of Official Conduct.

If you have any questions, please call my secretary, Margaret, at X5-3665.

With warmest regards,

Sincerely,

Sherwood Boehlert
Member of Congress

SB:mm

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 11:24

(Office Use Only)

6

John Andrew Boehner
(Full Name)

7371 Charter Cup Lane
West Chester, Ohio 45069
(Mailing Address)

(202) 225-6205
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Andrew Boehner

Page 2 of 6

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	Over $1,000,000 (I)	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Nucite Sales, Inc. - Stock									X	X														X		
	Nucite Sales, Inc. Pension Plan Trust						X					n/a					X										
	Nucite Sales, Inc. Profit Sharing Trust						X					n/a					X										
	State of Ohio Public Employee Retirement Plan				X							n/a					X										
	State of Ohio Deferred Compensation Plan					X						n/a					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Andrew Boehner

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	7908 Cinti.-Day. Rd., Suite I West Chester, OH Office Bldg.						X					X											X				
	Rolling Ridge Assoc. Real Estate Lmt. Partnership owns Rolling Ridge Apts. Montana Ave., Cincinnati, OH				X								X						X								
	Gradison & Co.- Mutual Fund					X					X								X								
	First National Bank of Southwestern Ohio Accounts			X									X						X								
	Wright Patman Federal Employees Credit Union Account			X									X					X									
	Friends of John Boehner Campaign Loan	X										Loan	Repaid				X										

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Banc One Middletown, Ohio	Mtg. on West Chester Office Bldg.			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Tobacco Institute Legislative Conference	Jan. 13-16	Cinti. OH - Palm Springs, CA - Cinti.OH	Y	Y	Y	1 Day
Congressional Institute House Republican Conference	Feb. 25-27	Wash. D.C. - Plainsboro, NJ - Wash. D.C.	Y	Y	N	N
Brown & Williamson Co. Political Forum	Apr. 29-31	West Chester, OH - Louisville, KY - West Chester, OH (no travel expenses were paid by sponsor)	Y	Y	Y	N

This page may be copied if more space is required.

Name John Andrew Boehner	Page 6 of 6

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director - Non-comp.	Nucite Sales, Inc.
Limited Partner	Nucite Sales LP
Limited Partner	Rolling Ridge Associates
Director - Non-comp.	American Heart Association - Middletown, Ohio chapter

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Nucite Sales, Inc. Pension and Profit Sharing Plans State of Ohio Pension and Deferred Comp. Plans Nucite Sales LP Partnership Agreement	Continued Interest - no additional contribution Continued Interest - no additional contribution Limited Partnership

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:21

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

MC

(Office Use Only)

13

HENRY BONILLA
(Full Name)

15643 CLOUD TOP
SAN ANTONIO, TX 78248
(Mailing Address)

202-225-4511 (Cindy)
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 23rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year)
MAY 13, 1994

Name	HENRY BONILLA	Page 1 of 12

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	KENS-TV, San Antonio, TX	Spouse Salary	NA
	Groves Cheney & Associates, San Antonio, TX	Spouse Professional Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Computer Leasing and Remarketing Association	Speech	Jan. 26, 1993	$1,000.00

This page may be copied if more space is required.

Name HENRY BONILLA

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	USAA Income Stock Fund										X								X								
	San Antonio, TX			X										X				X									
	USAA Federal Savings Bank																										
	San Antonio, TX				X								X						X								
	USAA Life and Annuity Company																										
	San Antonio, TX				X								X				NA	–	IRA's								E
	Commonwealth Fed. Savings Bank																										
	Philadelphia, PA				X								X				NA	–	IRA's								
	Merrill Lynch																										
	IRA							X			X						NA	–	IRA's								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HENRY BONILLA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MERRILL LYNCH TRUST ACCOUNT:																										
	CMS Energy Corp			X							X							X									P
	Entergy Corp			X							X							X									P
	Illinois Pwr Co			X							X							X									P
	Niag Mohawk Pwr Corp			X							X							X									P
	Pacific Gas Elec Co			X							X								X								
	Phila Elec Co NPV			X							X							X									
	GT Europe Growth Fund Class A			X							X							X									
	ML Ready Assets Trust			X							X							X									
	MERRILL LYNCH TRUST ACCOUNT:																										
	Alltel Corp Del			X							X							X									P
	CMS Energy Corp			X							X							X									P
	Det Edison Co	X									X								X								S
	Entergy Corp			X							X								X								
	Illinois Pwr Co				X						X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HENRY BONILLA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MERRILL LYNCH TRUST ACCOUNT (CONT.):																										
	Niag Mohawk Pwr Corp			X							X								X								
	Nipsco Industries Inc			X							X								X								
	Pacific Gas Elec Co			X							X								X								
	PSI Resources Inc			X							X							X									S
	Phila Elec Co NPV			X							X								X								
	Stone Container Corp Del			X													X										
	National Gypsum Company			X									X					X									S
	ML Ready Assets Trust			X							X							X									
	MERRILL LYNCH ACCOUNTS:																										
	Balt Gas Elec	X									X								X								S
	Chemical Banking CP	X									X								X								S
	Det Edison Co	X									X								X								S
	Entergy Corp				X						X									X							
	Muniyield Fund Inc	X									X											X					S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HENRY BONILLA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MERRILL LYNCH ACCOUNTS (CONT.):																										
	Genl Public Utilities				X						X								X								P
	Illinois Pwr Co				X						X								X								P
	Lubys Cafeterias Inc	X									X								X								S
	Niag Mohawk Pwr Corp				X						X								X								P
	Nipsco Industries Inc				X						X								X								P
	Stone Container Corp			X													X										
	Alltel Corp Del				X						X								X								P
	American Tel & Tel				X						X								X								P
	CMS Energy Corp				X						X								X								P
	JP Morgan & Co Inc			X							X							X									P
	Collective Bancorp Inc			X							X							X									P
	Mellon Bk Corp			X							X							X									P
	Callaway Golf Co Com			X							X							X									P
	Cenfed Fincl Corp			X							X							X									P

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HENRY BONILLA

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	MERRILL LYNCH ACCOUNTS (CONT.):																										
	Roosevelt Fincl Group Inc			X							X							X									P
	U.S. Healthcare Inc Com			X							X							X									P
	DNA Plant Technology Crp			X													X										P
	Health Mgmt Assocs Inc A			X													X										P
	Safeway Inc New			X													X										P
	Fidelity Ntl Finl Inc			X													X										P
	Amgen Inc Com PV			X													X										P
	ML Media Partners LP86				X						Parthership Income								X								
	Service Master Limited Partnership			X													X										P
	Ash Park East Associates 2835 W Chester Pike, Broomall PA	X									Partnership Income						X										

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SCHEDULE IV — TRANSACTIONS

Name HENRY BONILLA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Harte-Hanks Communications Investment Plus Plan 401K Plan (IRA Rollover)			X	2/26/93		X					
	USAA Life and Annuity Company (IRA Rollover)			X	3/10/93		X					
	MERRILL LYNCH TRUST ACCOUNT:											
	CMS Energy Corp	X			8/26/93	X						
	Entergy Corp	X			8/26/93	X						
	Illinois Pwr Co	X			8/26/93	X						
	Niag Mohawk Pwr Corp	X			8/26/93	X						
	MERRILL LYNCH TRUST ACCOUNT:											
	Alltel Corp Del	X			2/22/93	X						
	CMS Energy Corp	X			7/19/93	X						
	Det Edison Co		X		7/12/93	X						
	PSI Resources Inc		X		2/12/93	X						
	National Gypsum Company		X		9/10/93	X						
	MERRILL LYNCH ACCOUNTS:											
	Balt Gas Elec		X		4/12/93		X					
	Chemical Banking CP		X		6/10/93	X						
	Det Edison Co		X		7/12/93	X						

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SCHEDULE IV — TRANSACTIONS

Name HENRY BONILLA | Page 9 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	MERRILL LYNCH ACCOUNTS (CONT.):											
	Muniyield Fund Inc		X		9/3/93				X			
	Genl Public Utilities	X			9/13/93	X						
	Illinois Pwr Co	X			9/13/93		X					
	Lubys Cafeterias		X		9/3/93		X					
	Niag Mohawk Pwr Corp	X			9/13/93	X						
	Nipsco Industries Inc	X			9/13/93	X						
	MCI Communication Corp		X		9/3/93	X						
	PSI Resources		X		2/12/93	X						
	Alltel Corp Del	X			2/22/93	X						
		X			9/13/93	X						
	American Tel & Tel	X			4/19/93		X					
		X			9/13/93	X						
	CMS Energy Corp	X			7/19/93	X						
		X			9/13/93		X					
	JP Morgan & Co Inc	X			9/13/93	X						
	Collective Bancorp Inc	X			9/13/93	X						
	Mellon Bk Corp	X			9/13/93	X						
	Callaway Golf Co Com	X			9/13/93	X						
	Cenfed Fincl Corp	X			9/13/93	X						

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SCHEDULE IV — TRANSACTIONS

Name HENRY BONILLA

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	MERRILL LYNCH ACCOUNTS (CONT.):											
	Roosevelt Fincl Group Inc	X			9/13/93	X						
	U.S. Healthcare Inc Com	X			9/13/93	X						
	DNA Plant Technology Crp	X			9/13/93	X						
	Health Mgmt Assocs Inc A	X			9/13/93	X						
	Safeway Inc New	X			9/13/93	X						
	Fidelity Ntl Finl Inc	X			10/22/93	X						
	Amgen Inc Com PV	X			11/8/93	X						
	Service Master Limited Partnership	X			9/13/93	X						
	Philip Morris Cos Inc	X			6/17/93	X						
			X		10/15/93	X						
	Schering Plough Corp	X			9/13/93	X						
			X		11/1/93	X						
	TEXANS FOR HENRY BONILLA (Repayment of loan)			X	4/15/93		X					

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Name HENRY BONILLA

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Ernesto Ancira, Jr. San Antonio, TX	Air travel (Waiver received from Committee on Standards, however, trip was not taken)	No value

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Broadcasters	Feb. 8-9	San Antonio, TX-Ft.Myers FL-San Antonio, TX	Y	Y	N	N
	Ernesto Ancira, Jr. San Antonio, TX businessman (Travel with San Antonio, TX mayor and Texas State Representative to meet with Mexican officials regarding the North American Free Trade Agreement)	Aug. 25	San Antonio-Ciudad Victoria, MEXICO-San Antonio, TX	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

REC'D
1994 MAY 16 PM 5:07
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

David Edward Bonior
(Full Name)

23 Dickinson - Unit I.
(Mailing Address)

Mount Clemens, Michigan 48043

Daytime Telephone: 202-225-2106

Filer Status	[X] Member of the U.S. House of Representatives	State Michigan District 10th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL David E. Bonior

DATE (Month/Day/Year) May 15, 1994

Name: David Edward Bonior | 2 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totaling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
U. S. House of Representatives	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

Name	David Edward Bonior	Page 5 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Securities Industry Association	Speech	March 15,1993	$ 2,000
The Connell Company	Speech	June 11, 1993	$ 2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: David Edward Bonior

Page 1 of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	Wright Patman Congressional Fed.C.U.			X									X					X									
SP	Wright Patman Congressional Fed.C.U.			X									X					X									
SP	Wright Patman Congressional Fed.C.U.				X						N/A			IRA			N/A			IRA							
SP	Mutual Fund - Keystone S-4				X									X							X						P

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name David Edward Bonior

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
SP	Keystone Series S-4 Mutual Fund - Reinvest capital gains				6-28-93 11-24-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sun Diamond Growers of California	Jan.29 - Feb. 1,1993	Wash.,D.C.-Los Angeles-Fresno-Wash.,D.C.	Yes	Yes	Spouse	No
	Chicago Mercantile Exchange	Mar.19- Mar.23,1993	Wash.,D.C.-West Palm Beach-Wash.,D. C.	Yes	Yes	Spouse	2 Days
	The Connell Company	June 11,1993	Wash.,D.C.-Newark-Wash.,D.C.	No	No	No	No
	Campbell Raupe, Inc.	July 2 July 5,1993	Wash.,D.C. Hyannis Wash.,D.C.	Yes	Yes	Spouse	No
	Felicia Rincon De Gautier Foundation, Inc.	Sept.24- Sept.26,1993	Wash.,D.C. San Juan Detroit (spouse)Wash.,D.C.-San Juan-Wash.,D.C.	Yes	Yes	Spouse	No
	Seafarers International Union of North America	Oct. 1 Oct. 4,1993	Wash.,D.C.-San Francisco-Wash.,D.C.	Yes	Yes	Spouse	No
	Chicago Federation of Labor & Industrial Union Council AFL-CIO	Nov.12,1993	Wash.,D.C.-Chicago-Wash.D.C.	No	No	No	No

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Name	David Edward Bonior	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1984 75-684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 9:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (2)

Robert A. Borski

2161 RHOB
Washington, DC 20515

202/225-4251

Filer Status	[x]	PA 3rd	[ ]
Report Type	[x]		[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[ ]	[x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[x]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[x]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[x]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert A. Borski

5/12/94

Name	Page 2 of 2
Robert A. Borski	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AT&T	1/29-2/1	Phil-LA - LA-Philadelphia	y	y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Frederick C. Boucher (Full Name)

2245 Rayburn HOB (Mailing Address)

225-3861 (Daytime Telephone)

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State Virginia District 9	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Frederick C. Boucher

DATE (Month/Day/Year) May 11, 1994

Name Frederick C. Boucher

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Nation's Bank-Checking Acct.			X									X						X								
	First Virginia Bank-Savings Account					X							X							X							
	Individual Retitement Account				X								X							X							
	First Virginia Bank																										
	First Virginia Bank Preferred Stock			X							X							X									
	Community National Bank Common Stock			X							X						X										P
	Lot, Town of Damascus, Virginia			X								X					X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Frederick C. Boucher

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Community National Bank, Common Stock	x			11-1-93	x						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Please See Attached						

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SCHEDULE VII
FACT FINDING, SUBSTANTIAL PARTICIPATION AND OTHER TRAVEL**

SOURCE	LOCATION	EXPENSES	DATE
Microcomputer Industry Association	San Francisco, CA	Travel, food and two nights lodging for delivery of keynote address to annual convention on National Information Infrastructure	August 22-23, 1993
United States Telephone Association (USTA)	White Sulpher Springs, WV	Travel, food, lodging for three nights for participation in USTA's legislative conference	July 8-10, 1993
Far East Studies Institute	People's Republic of China and Hong Kong	Transportation, food, lodging for 6 days for participation in Institute's telecommunications fact-finding mission	December 6-12, 1993
Keystone Center	Keystone, CO	Transportation, food and three nights lodging for participation in Center's Energy Policy Conference	April 7-9, 1993
Tobacco Institute	Indian Wells, CA	Transportation, food, lodging for two nights for speech to Institute's legislative conference	January 15-16, 1993

**At none of these events was a family member present, and no time was spent at other than the sponsor's expense at any event

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	First Virginia Bank-Mt. Empire
Member, Board of Directors	The Nature Conservancy of Virginia

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11: 11
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
MC
(Office Use Only)

(4)

BILL K. BREWSTER
(Full Name)

P.O. BOX 368 MARIETTA, OK 73448
(Mailing Address)

405-276-5525
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State OK Distrct 3RD	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bill K. Brewster

DATE (Month/Day/Year): 5/16/94

Name: BILL K. BREWSTER | 1 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	SPRINGER ASSOCIATES - WASHINGTON, D.C.	SPOUSE SALARY	NA
	BARCIA FOR CONGRESS	SPOUSE SALARY	NA
	GEREN FOR CONGRESS	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name BILL K. BREWSTER | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	TOBACCO INSTITUTE	SPEECH	1/13/93	# 2000.
	CONSOLIDATED NATURAL GAS	SPEECH	1/26/93	1000.
	PHILIP MORRIS	SPEECH	2/13/93	2000
	SECURITIES INDUSTRY ASSOCIATION	SPEECH	2/23/93	2000.
	SMOKELESS TOBACCO COUNCIL	SPEECH	3/25/93	1000.
	WASHINGTON TAX SEMINAR	SPEECH	4/21/93	1000.
	CARL ALBERT STATE COLLEGE	SPEECH	5/7/93	250.
	AMER. WHOLESALE MARKETERS ASSOC.	SPEECH	5/12/93	2000.
	SMOKELESS TOBACCO COUNCIL	APPEARANCE	5/24/93	1000.
	NATIONAL GROCERS ASSOCIATION	PANELIST	6/21/93	1000.

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Name BILL K. BREWSTER | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	DURANT BANK & TRUST: SAVINGS					X							X								X						
	RENTAL PROPERTY: SO. HGWY 77 MARIETTA, OK				X							X									X						
	RENTAL PROPERTY: LUMBER YARD MARIETTA, OK				X							X							X								
	BREWSTER ANGUS FARM - INCLUDING LIVESTOCK/EQUIPMENT							X			FARM INCOME											X (GROSS)				
	40 ACRES MINERAL INTEREST WASHITA CO., OK					X					ROYALTIES							X								
	BOATMEN'S FIRST NAT'L. BANK: TAX EXEMPT BONDS						X						X									X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BILL K. BREWSTER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	BREWSTER THOROUGHBRED FARM			X								NO	NE				X										
	HOUSTON INDUSTRIES			X							X									X							
	TEXAS UTILITIES		X								X								X								
	IRA FIRST TEXAS BANCORP SAVINGS		X									N/A					X										
	FIRST TEXAS BANCORP STOCK	X										NONE					X										
	GTE		X								X								X								
	ARKLA		X								X							X									
	RJR		X									NONE					X										P

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Name BILL K. BREWSTER Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	RJR	X			2/22/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	DURANT BANK + TRUST, DURANT, OK	MORTGAGE ON RE BLDG., HWY 77, MARIETTA	X						
	DURANT BANK + TRUST	PERSONAL LOAN		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name BILL K. BREWSTER | Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
TOBACCO INSTITUTE: PANELIST		1/12 - 1/16	OK. CITY - PALM SPRINGS - WASH. DC	Y	Y	Y	N
IND. PETROLEUM ASSOC.: SPEECH		2/5 - 2/6	WASH, D.C. - NAPLES, FL. - DALLAS, TX	Y	Y	Y	N
PHARMACEUTICAL MFG. ASSOC: SPEECH		2/11 - 2/13	OK. CITY - LOS ANGELES, CA	Y	Y	Y	N
PHILIP MORRIS: SPEECH		2/13 - 2/15	LOS ANGELES - PALM BEACH - WASH. DC	Y	Y	Y	N
BP AMERICA: FACT FINDING		2/19 - 2/21	WASH. DC - JACKSONVILLE - WASH. DC	Y	Y	N	N
AMERICAN MED. ASSOC.: PANELIST		3/19 - 3/21	DC - SARASOTA, FL - DC	Y	Y	Y	N
NAT'L STRUCTURED SETTLEMENTS: SPEECH		3/26 - 3/28	DC - SAN ANTONIO, TX - DC	Y	Y	N	N
INTERSTATE NAT'L GAS ASSOC: SPEECH		4/2 - 4/3	DC - JACKSONVILLE, FL - OKC	Y	Y	Y	N
PFIZER, INC.: FACT FINDING		4/23 - 4/26	DC - SAN JUAN, P.R. - DC	Y	Y	Y	N

This page may be copied if more space is required.

Name	BILL K. BREWSTER	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	BREWSTER THOROUGHBRED FARM (SEE SCHEDULE III)
BOARD MEMBER	NATIONAL RIFLE ASSOCIATION (UNCOMPENSATED)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 - 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
FILE DESIGNATION
1994 MAY 12 PM 12: 25
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

9

Jack Brooks

2449 Rayburn Building

202-225-6565

Washington, D.C. 20515

Filer Status	[X]	Texas 9th	[ ]
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	✓	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		✓
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	✓	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	✓	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	✓	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		✓
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		✓
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	✓	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		✓

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		✓
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		✓

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — Jack Brooks

DATE (Month, Day, Year) — May 11, 1994

Name	Page 2 of 9
Jack Brooks	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	First Bank & Trust, Groves, TX	SPOUSE	NA
	First National Bank, Silsbee, TX	SPOUSE	NA
	First State Bank, Lumberton, TX	SPOUSE	NA
	Credit Life Insurance, Groves, TX	SPOUSE	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] Each asset held for investment or [illegible] income with a fair market value [illegible] $1,000 at the end of the reporting year, [illegible] other asset or source of income which [illegible] more than $200 in "unearned" income [illegible]. For rental property or land, provide [illegible] provide full names of any mutual [illegible] IRA or retirement plan that is self-[illegible] the underlying assets worth more than [illegible] IRA or retirement plan that is not [illegible] name the institution holding the [illegible]

[illegible] your personal residence(s) (unless there is rental income); any debt owed to you by your [illegible] by your or your spouse's child, parent, [illegible] any deposits totaling $5,000 or less in personal savings accounts; any financial interests in [illegible] income derived from U.S. Government retirement [illegible]

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

	Block A: Asset and/or Income Source	Block B: Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")	Block C: Type of Income (If other than one of the listed categories, specify the type of income by writing a brief description in this block.)	Block D: Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)	Block E: Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)
		None; A: $1 – $1,000; B: $1,001 – $15,000; C: $15,001 – $50,000; D: $50,001 – $100,000; E: $100,001 – $250,000; F: $250,001 – $500,000; G: $500,001 – $1,000,000; H: Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	None; I: $1 – $200; II: $201 – $1,000; III: $1,001 – $2,500; IV: $2,501 – $5,000; V: $5,001 – $15,000; VI: $15,001 – $50,000; VII: $50,001 – $100,000; VIII: $100,001 – $1,000,000; IX: Over $1,000,000	P, S, E
SP	Example: Mega Corp. Stock	C	X		P
DC	Example: 123 Main St., Dover, Del.	F	X		
JT	Example: 1st Bank of Peoria, IL accounts	A	X		
	First of Groves Corp.,Groves,TX:stock	H	X		
	First National Bank,Silsbee,TX:stock	G	X	VI	P
	First State Bank,Lumberton,TX: stock	F	X	VI	P
	W.F.Brooks Estate,Inc.Crowley,LA:stock	B	X	II	
	First Bank & Trust,Groves,TX:accounts	F	INTEREST	II	
	First Bank & Trust,Groves,TX: IRA (formerly included in above accounts)	A	INTEREST	V	withdraw

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jack Brooks

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	First National Bank,SilsbeeTX:accounts						X						X							X							
	First State Bank,Lumberton,TX:account				X								X						X								
	Congressional Fed.Credit Union:account			X									X					X									
	Hamilton Assoc.,NY,NY,LTD Partnership real estate:office complex,Peapack,NJ							X									X										
	Corley Freeway,LTD Partnership,Real estate:18 acres,Corley Ave.Beaumont,TX				X						partnership income							X									
	Jasper Inn,LTD Partnership,Real estate: 5 ac.,motel/restrnt HWY190&96,Jasper,TX					X					partnership income												X				
	JBS Assoc.,Inc.;one-third interest land:.962 ac.tract,W.Parkwy,Groves,TX				X												X										
	Neches Building Corp., Silsbee,TX 100% interest.Assets listed below:																										
	Neches Building Corp. asset: 100 acres, Kountze, TX					X					timber income												X				
	Neches Building Corp. asset: 3.139 acres, Nederland, TX						X										X										
	Neches Building Corp. asset: 1&1/2 lots S.37th St,Nederland,TX			X													X										P
	Neches Building Corp. asset: Condominium:Woodbrook,College Stat.TX	X										X		X								X					S
	Neches Building Corp. asset: Account,First Natl.Bank,Silsbee,TX				X								X						X								
	Jerry Rawls mortgage note.Real estate: McQueen Park subdivision, Jasper,TX				X												X										
	Mineral rights, 160 acres,Jefferson County, TX (.0102 interest)	X															X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jack Brooks

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	18 acres land, Jasper County, TX				X												X										
	106.9 acres land, Polk County, TX					X											X										
	117.4 acres land, Jefferson County,TX					X											X										
	13.12 acres land, Orange County, TX				X												X										
	40 acres land, Newton County, TX				X												X										
	3/4 acre land,San Augustine County,TX			X													X										
	House,barn and 262.2 acres land, Jasper County, TX							X									X										
	Oil,gas,mineral lease on Jasper County land w/JohnL.Robertson,Inc.LafayetteLA	indefinite									royalty											X					S
	Cabin and 16 acres land, Loudoun County, VA						X				timber income										X						
	Thornburg Limited Term Municipal Fund-National							X			X											X					P
	U.S.National Bank,Galveston, TX Liquid Asset Trust;Value Equity Fund						X				X		X	X								X					P
SP	Groves Employee Savings Plan						X										X										
SP	First Bank & Trust, Groves Retirement Plan					X											X										
DC	Kimberly G. Brooks Trust,Tyler,TX Assets: First of Groves stock;First State Bank,Lumberton stock; CD at FB & T. Groves,TX						X				X		X									X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jack Brooks

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
DC	Wilson Grandchildren Trust, Fort Worth, Asset: CD/MM acct., NCNB TX Natl. Bank				X						Trust Distribution											X					
DC	Brooks Children Trust, Tyler, TX Asset: First of Groves stock							X			X		X										X				

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SCHEDULE IV — TRANSACTIONS

Name Jack Brooks

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	First National Bank, Silsbee, TX: stock	X			2-18-93		X					
	First State Bank, Lumberton, TX: stock	X			multi		X					
	First Bank & Trust, Groves, TX: IRA	withdrawal			6-8-93		X					
	Transaction of Neches Building Corp. Condominium:Woodbrook, College Station, TX		X		6-29-93		X					
	Transaction of Neches Building Corp. 1&1/2 lots S. 37th St., Nederland, TX	X			11-5-93		X					
	Oil, gas, mineral lease John L. Robertson, Inc., Lafayette, LA		X		10-7-93	indefinite						
	Thornburg Limited Term Municipal Fund - National	X			multi				X			
	U.S. National Bank, Galveston, TX Liquid Asset Trust & Value Equity Fund	X			multi				X			

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Texas Commerce Bank-Beaumont(FKA First City,TX)	investment loan			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	First of Groves Corp., Groves, TX
Director	First Bank & Trust, Groves, TX
Director	First National Bank, Silsbee, TX
Director	First State Bank, Lumberton, TX
Vice-President	JBS Associates, Inc., Groves, TX

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

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(Office Use Only)

5

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

John GLEN BROWDER
(Full Name)

1221 LONGWORTH HOB (202) 225-3261
(Mailing Address) Daytime Telephone

WASHINGTON D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: AL District: THIRD	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[X]	[ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Glen Browder

DATE (Month/Day/Year) 5/11/94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BROWDER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
S	U.S. TREASURIES (MOST IRA)				X								X						X								SOME SOLD
	BALDWIN CTY, EASTERN SHORE BONDS			X									X						X								
	STATE OF AL MUNICIPAL BONDS				X								X						X								
	WRIGHT PATTERSON CREDIT UNION (INCLUDES DEP. CHKS FUNDS ALSO)					X								X			N/A									
	TEACHER'S RETIREMENT FUND N.Y.				X									X			N/A									
	TEACHERS RETIREMENT SYSTEM STATE OF ALABAMA				X									X					X								
	FOUNDERS FUNDS - IRA				X									X													

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BROWDER

Page 3 of 5

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
DC	TWENTIETH CENTURY MUTUAL FUNDS			X							X							X									P
SP																											
DC	THE GABELLI EQUITY TRUST, INC.			X							X							X									P
SP																											
DC	Heinz, H. Z.			X							X						X										P
SP																											
DC	US Surgical Corporation			X													X										P
SP																											

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SCHEDULE IV — TRANSACTIONS

Name BROWDER | Page 4 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
DC SP	THE GABELLI EQUITY TRUST, INC.	X			11-12-93	X						
DC SP	COMPUSA, INC.	X			11-15-93	X						
DC SP	HEINZ H J COMPANY	X			12-6-93	X						
DC SP	U.S. SURGICAL CORPORATION	X			12-9-93	X						
DC SP	COMPUSA, INC.		X		12-10-93	X						
	U.S. TREASURIES		X		12-20-93	X						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
SINCE 1987 ON A YEAR BY YEAR BASIS	SELF AND BOARD OF TRUSTEES, JACKSONVILLE STATE UNIVERSITY	LEAVE WITHOUT PAY OR BENEFITS FROM PRIOR TEACHING POSITION

GPO 1994 - 75-884 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

June 8, 1994

RECEIVED
OFFICE OF RECORDS & REGISTRATION
1994 JUN -9 PM 4:17
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1 ✓
MC

The Honorable Donnald Anderson
Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, D.C. 20515

Dear Sir:

Please note that the Twentieth Century Mutual Funds listed on my financial disclosure statement for 1993 were purchased on July 23, 1993.

Sincerely,

Glen Browder

Glen Browder
1221 Longworth HOB
Washington, D.C. 20515

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILED
1994 MAY 16 PM 4:13
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

6

Rep. Corrine Brown
(Full Name)

1037 Longworth House Office Building
(Mailing Address)

(202) 225-0123
Daytime Telephone

Washington, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State: Florida District (03)	[ ] Officer or Employee	Employing Office:
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Corrine Brown

DATE (Month/Day/Year) May 16, 1994

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rep. Corrine Brown

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
	1844 Willowood Drive Jacksonville, Florida Gator Travel Agency					X						X									X						
	Gainesville, Florida Accounts Recievable for sale of: Gator Travel Agency, Emilio F. Torres						X					(uncompensated)					X										S
	Fernando J. Alvarez, Fernando A. Alvarez, (Debtors)					X											X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Rep. Corrine Brown

Page 2 of 5

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Gator Travel Agency-Gainesville, Florida		X		05-17-93			X				

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Name	Rep. Corrine Brown	Page 3 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Housing Investment, Inc. Jacksonville, Florida	Mortgage on 1844 Willowood Drive Jacksonville, Florida		X					
	Barnett Bank of Florida	Loan - Personal			X				
	First Union National Bank	Loan - Business	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Ctr. for Public Service		May 2-3	Jax - Atlanta - Wash.,D.C.	Y	N	N	N
Rothman Institute		May 31-Jun2	Wash.,DC-Israel-Jax	Y	Y	N	N
Pinellas Democ. Exec. Committee		June 19-20	Wash.,DC - Tampa - Wash.,DC	Y	N	N	N
Korean-American Friendship Soc.		Aug. 8-15	Wash.,DC-Seoul-Taipei,Taiwan	Y	Y	Y	N
Cross Cultural Pastor's Assoc.							
Chinese National Assoc. of Industry and Commerce		Aug. 16-21	Taiwan - Jax.	Y	Y	Y	N

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Name	Rep. Corrine Brown	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President (uncompensated)	Gator Travel Agency, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (Rev.)

Use additional sheets if more space is required.

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
Aviation
Economic Development
Water Resources and Environment
VETERANS' AFFAIRS
Hospitals and Health Care
GOVERNMENT OPERATIONS
Legislation and National Security
MEMBERSHIPS
Congressional Black Caucus
Caucus on Women's Issues
Congressional Sunbelt Caucus
Congressional Space Caucus
Congressional Fire Services Caucus

Congress of the United States
House of Representatives
Washington, DC 20515

CORRINE BROWN
3D DISTRICT, FLORIDA

REPLY TO
WASHINGTON OFFICE
1037 Longworth Building
Washington, DC 20515
(202) 225-0123
FAX (202) 225-2256
DISTRICT OFFICES
815 South Main Street
IBM Building, Suite 275
Jacksonville, FL 32207
(904) 398-8567
FAX (904) 398-8812
75 Ivanhoe Boulevard
Chamber of Commerce
Orlando, FL 32804
(407) 872-0656
FAX (407) 872-5763
401 SE First Avenue
Room 316
Gainesville, FL 32601
(904) 375-6003
FAX (904) 375-6008
250 North Beach Street
Room 80-1
Daytona Beach, FL 32114
(904) 254-4622
FAX (904) 254-4659

May 26, 1994

INSIDE MAIL

Donald K. Anderson, Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

This is a formal request to make a correction on my 1993 Financial Disclosure Statement. On page 1 of 5, Schedule III - Assets and "Unearned" Income, Block B, Value of Asset, I have the value of Gator Travel Agency shown between $100,001 - $250,000 (E).

The correct value of Gator Travel Agency should be shown as None, because I sold my interest in Gator Travel Agency on May 17, 1993, which was before the close of the reporting year.

With kindest regards, I am

Sincerely,

Corrine Brown

Corrine Brown
Member of Congress

CB:rs

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 51

HAND DELIVERED

GEORGE E. BROWN, JR.
2300 RAYBURN HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515
202-225-6161

Filer Status	[XX] Member of the U.S. House of Representatives	State CA District 42	[ ] Officer or Employee
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination Termination date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL *George E. Brown Jr.* DATE (Month Day Year) 5/16/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	STATE OF CALIFORNIA	LEGIS. PENSION	$ 6,259
	SPOUSE, U.S. GOVERNMENT	SALARY	$45,000

For payments to charity in lieu of honoraria, use Schedule II.

Name GEORGE E. BROWN, JR.	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb 2, 1993	$2,000
XYZ Magazine	Article	Aug 13, 1993	$500
US-KOREA FORUM ON SCIENCE & TECHNOLOGY, WASH., DC	SPEECH	1/12/93	$2,000
SCIENTIFIC AMERICAN, WASH., DC	ARTICLE	6/93	500
BROOKINGS INSTITUITION, WASH., DC	SPEECH	11/1/93	400

This page may be copied if more space is required.

Name GEORGE E. BROWN, JR. | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	TOPAZ DEVELOPMENT CO. - TRUST DEED	X											X									X					S
	UNIMPROVED LOT 8, TRACT 339 CITY OF LOS ANGELES			X									N/A							N/A							
JT	2350 N. OSBUN RD., SAN BERNARDINO, CA			X									N/A							N/A							
S	2695 W. SPRUCE , SAN BERNARDINO, CA					X						X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE E. BROWN, JR.

Page 5 of 9

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENTS	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
NONE																										

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Name GEORGE E. BROWN, JR. | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	COMPLETED SALE OF UNIMPROVED LOS ANGELES PROPERTY.		X		8/31/90					X		
	TRUST DEED CANCELLED				5/15/93							

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Name GEORGE T. BROWN, JR. | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	CONGRESSIONAL FEDERAL CREDIT UNION	VISA	X						
	CONGRESSIONAL FEDERAL CREDIT UNION	LINE OF CREDIT LOAN	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name GEORGE F. BROWN, JR. | Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name	Page 1 of 2

SCHEDULE VIII — POSITIONS

Report all positions (compensated or uncompensated) held during the [illegible] year by you (and, [illegible]) in organizations (partnership, proprietorship, representative, [illegible]) in which you participate, or were [illegible] employed, any research organization, any [illegible] organization, or any association or other political party. Do not include [illegible] positions held in any religious, social, fraternal, or political [illegible] organization. If [illegible] attach additional pages. See instructions page 26-28.

Exclude: Positions held in any religious, social, fraternal, or political [illegible] organization. If [illegible] attach additional pages. See instructions page 26-28.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or understanding with respect to future employment, a leave of absence during the period of government service, continuation of payment by a former employer (other than the U.S. Government), or continuing participation in an employee welfare or benefit plan maintained by a former employer. See instructions page 29.

Date	Parties To	Terms of Agreement
	NONE	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:30

HAND DELIVERED

Sherrod Brown

2625 East Erie Ave

Lorain, Ohio 44052

202 225 3401

Filer Status	[X] Member of the U.S. House of Representatives — State: Ohio; District: 13th	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS — Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See instructions, pages 10, 11.)		X
EXEMPTIONS — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

The Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. This Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sherrod Brown

DATE (Month/Day/Year): 3/12/94

Name Sherrod Brown	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Ohio Podiatrists Association	Speech	March 27, 1993	$500
Ohio Edison Electric	Speech	June 10, 1993	$300
Nonprescription Drug Manufacturers Association	Speech	October 21, 1993	$500

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Name Sherrod Brown | Page 4 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Calvert Fund			X										X				X									
	Brownlea Farm, Lexington, Ohio				X							X								X							
	PERS				X						NA						NA										
	Nationwide Fund				X									X						X							
	IRA Fidelity Mutual, New York			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sherrod Brown

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; Over $1,000,000	P, S, E
	NONE				

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Name Sherrod Brown

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name	Page of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 AM 9:57
CLERK
U.S. HOUSE OF REPRESENTATIVES

JOHN W. BRYANT

205 Cannon House Office Building (202) 225-2231

Washington, D. C. 20515

DATE RECEIVED (Office Use Only) 5

Filer Status	[X] Member of the U.S. House of Representatives — State Texas, District 5th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/13/94

Name JOHN W. BRYANT	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fete Accompli	Spouse	4,400.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JOHN W. BRYANT | Page 3 of 3

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
[illegible] for investment or [illegible] fair market value [illegible] the end of the reporting year, [illegible] sources of income which [illegible] $200 in "unearned" income [illegible] rental property or land, provide [illegible] full name of any mutual [illegible] retirement plan that is self-[illegible] underlying assets worth more than [illegible] or retirement plan that is not [illegible] the institution holding the [illegible] your personal residence(s) (unless there is [illegible] income); any debt owed to you by your [illegible] or by your or your spouse's child, parent, [illegible]; any deposits totaling $5,000 or less in [illegible] savings accounts; any financial interests in [illegible] derived from U.S. Government retirement [illegible]. [illegible] choose, you may indicate that an asset or [illegible] source is that of your spouse (SP) or [illegible] child (DC) or is jointly held (JT), in the [illegible] column on the far left. [illegible] information, see instructions, pages 14–20.	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP Nike Corp. Stock				X					X								X								P
Example: DC 123 Main St., Dover, Del.						X				X										X					
JT 1st Bank of Peoria, IL accounts					X						X								X						
Texas Professional Baseball, Inc (formerly named American Holidays, Inc).						X											X								
30% equity interest in Douglas & Chamberlain Ltd. held by me solely		X													X										
70% equity interest in Douglas & Chamberlain Ltd. held by me solely as a trustee for the corporation	X														X										
House 7055 Day Street, Dallas, Texas				X						X									X						
Vanguard Starfund IRA		X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Wright Patman Congressional Credit Union	Personal	X						
	Standard Federal Savings, Denver, Colorado	Mortgage on 7055 Day Street, Dallas Texas		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	JOHN W. BRYANT	Page 5 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman and President	Douglas and Chamberlain Ltd.
Board of Directors	Buckhorn Ranch for Children
Board of Directors	Texas Professional Baseball, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

KY MAY 6

Jim Bunning

4 Fairway Drive

Southgate, Kentucky 41071-3022 606-441-5895

HAND DELIVERED

9

Filer Status	X Member	KY 4	
Report Type	X Annual May 15	Amended	Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jim Bunning

DATE (Month, Day, Year): May 5, 1994

Name	Page 2 of 9
Jim Bunning	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Major League Baseball Players Alumni Association	Old Timers Game	3,000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITIES

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 14, 1993	$2,000 $500
The Tobacco Institute, Washington, D.C.	Speech	Jan. 15, 1993	$2,000.00
Tony Pimpinella Autograph Show Philadelphia, PA	Autographs	Jan. 23, 1993	2,000.00
The American Association of Life Underwriters Washington, D.C.	Speech	Mar. [illegible], 1993	2,000.00
Carl Warwick Enterprises, Houston, TX	Speech	Jan. 1[illegible], 1993	500.00
National Grocers Association, Washington, D.C.	Speech	Jun. 21, 1993	2,000.00
Drew Gross Enterprises, Houston, TX	Speech and Golf Charities	Oct. 1[illegible], 1993	2,000.00
National Association of Independent Insurers Washington, D.C.	Speech	Dec. [illegible], 1993	2,000.00

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim Bunning

	Source	BLOCK B Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")							BLOCK C Type of Income (If other than one of the listed categories, specify the type of income by writing a brief description in this block.)				BLOCK D Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)							BLOCK E Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)
		A	C	E	G		DIVIDENDS	INTEREST	EXCEPTED TRUST		None	I	II	IV	VI	VIII		P, S, E
		$1 - $1,000	$15,001 - $50,000	$100,001 - $250,000	$500,001 - $1,000,000							$201 - $1,000	$2,501 - $5,000		$15,001 - $50,000	$100,001 - $1,000,000		
			X				X											P
								X										
S	Equitable Life Assurance Co.				X		Pension								X			
S	C.B. Data (Partnership)		X				X					X						
JT	1200 Tarpon Woods Blvd., Palm Harbor, FL - Unit S5			X			X					X						
S	Moore Owens Thomas (Marine Equipment)			X			X								X			
S	T. Rowe Price International Stock Fund		X								NA							E
S	Putnam Voyager Fund		X								NA							E

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Bunning

Owner	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
S	Host Communication Stock (2500)					X																					
S	Hilliard Lyons Inc IRA Roll-over				X												NA										P
	700 Comair - 1000 Future Now - 1000 Surgical Lazer Technology																										

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SCHEDULE IV — TRANSACTIONS

Name Jim Bunning

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset		Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock		X			10–12–93		X					
SP	Hilliard Lyons Money Fund			X				X					
SP	Comair Inc. Common Stock	200	X			6-04-93		X					
		500				6-10-93							
SP	Future Now Common Stock	200	X			6-09-93		X					
		800				5-19-93							
SP	Surgical Lazer Technology Common Stock	1000	X			11-05-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Citizens Bank of Campbell County Ky.	Line of Credit		X					
S	Premium Capitol - Moore Owens Thomas	Mortgage - Marine Equipment		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Bob Hope Desert Classic	Golf Equipment and knickknacks	$250
Kemper Open	Golf Equipment and knickknacks	$240

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
The Tobacco Institute	Jan. 13-Jan. 16	Airfare, Cincinnati/Palm Springs	Y	Y	Spouse	N
Tony Pimpinella Autographs	Jan. 23	Airfare, Cincinnati/Philadelphia/Cinci.	N	N	N	N
Carl Warwick Enterprises	Jun. 14-Jun. 15	Airfare, Cincinnati/Houston/Cincinnati	Y	Y	N	N
Drew Gross Enterprises	Oct. 14-Oct. 17	Airfare, DC/Orlando/DC	Y	Y	Spouse	N
National Association of Independent Insurers	Nov. 2-Nov. 3	Airfare, Cincinnati/Toronto/DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	C.B. Data

SCHEDULE IX — AGREEMENTS

Identify the date, parties to and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

JIM BUNNING
4TH DISTRICT KENTUCKY

COMMITTEES
WAYS AND MEANS
VICE CHAIRMAN SUBCOMMITTEE ON SOCIAL SECURITY
BUDGET COMMITTEE
ETHICS COMMITTEE
EXECUTIVE COMMITTEE ON COMMITTEES

Congress of the United States
House of Representatives
Washington, DC 20515-1704

2437 RAYBURN BUILDING
WASHINGTON, DC 20515
(202) 225-3465

1717 DIXIE HIGHWAY
SUITE 160
FT WRIGHT KY 41011
(606) 341-2602

1994 JUN 14 PM 4:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
RECEIVED

HAND DELIVERED

5

June 13, 1994

The Honorable Donnald K. Anderson
Clerk
U. S. House of Representatives
H-130 Capitol
Washington, D. C. 20515

Dear Mr. Anderson:

I am writing to correct my Financial Disclosure forms for the 1993 calendar year which were submitted to your office on May 5, 1994.

In Schedule III, Assets and Unearned Income, I used the letter "S" to designate holdings as being "Self owned" or assets held under my name alone. This has apparently led to some confusion, leading some users of the form to believe the "S" indicated that the holdings were in my spouse's name. This was not the case. All of the assets listed in the form with the exception of the Florida Condo which was correctly listed as a joint holding (JT), are held under my name alone.

In Schedule IV, Transactions, I erroneously used the designation code "SP" for four transactions conducted during 1993. All 4 of these transactions were, in fact, personal transactions in personal accounts under my own name alone. Please strike the "SP" designation from all 4 transactions.

Thank you for your assistance in this matter.

Best personal regards,

Jim Bunning

JIM BUNNING
Member of Congress

1405 GREENUP AVENUE
SUITE 236
ASHLAND KY 41101
(606) 325-9898

TOLL-FREE NUMBER 1-(800) 283-8983

704 W JEFFERSON STREET
SUITE 219
LA GRANGE KY 40031
(502) 222-2188

ASSETS AND "UNEARNED" INCOME

Name Jim Bunning | Page 4 of 9

[redacted]

Equitable Life Assurance Co.	X	Pension	X	
C B Data (Partnership)	X	X	X	
JT 1200 Tarpon Woods Blvd., Palm Harbor, FL Unit 55	X	X	X	
Moore Owens Thomas (Marine Equipment)	X	X	X	
T. Rowe Price International Stock Fund	X		NA	E
Putnam Voyager Fund	X		NA	E

For additional assets and unearned income, use next page

ASSETS AND "UNEARNED" INCOME

(if needed)

Name Jim Bunning

S	Host Communication Stock (2500)				X																									
S	Hilliard Lyons Inc. -IRA Roll-over			X													NA													
	700 Comair - 1000 Future Now - 1000 Surgical Lazer Technology																													P

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IV — TRANSACTIONS

Name Jim Bunning

SP	Hilliard Lyons Money Fund			X				X					
SP	Comair Inc Common Stock	200	X			6-04-93		X					
		500				6-10-93		X					
SP	Future Now Common Stock	200				6-09-93							
		800	X			5-19-93		X					
SP	Surgical Lazer Technology Common Stock	1000	X			11-05-93	X						

This page may be copied if more space is required.

Name Jim Bunning | Page 7 of 9

SCHEDULE V — LIABILITIES

JT	Citizens Bank of Campbell County Ky.	Line of Credit		X			
S	Premium Capitol - Moore Owens Thomas	Mortgage - Marine Equipment		X			

SCHEDULE VI — GIFTS

Donor	Description	Value
Bob Hope Desert Classic	Golf Equipment and knickknacks	$250
Kemper Open	Golf Equipment and knickknacks	$240

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:45

(12)

HAND DELIVERED

Danny L. Burton

2411 Rayburn House Office Building

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Indiana District: 6	[ ] Officer or Employee — Employing Office: Engineer	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Danny L. Burton

DATE (Month/Day/Year): 5-12-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Burton Agency - Spouse	Commissions	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Danny L. Burton | Page 3 of 12

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	IN Constructors	Speech	March 1, 1993	$1,000

This page may be copied if more space is required.

Name Danny L. Burton

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Agnico Eagle Mines Limited				X						X							X									
	National Government Fund	X									X							X									
	Newmont Gold Company			X							X							X									
	Nuveen Municipal Market Oppt. Fund				X						X		X	X						X							
	Canyon Resources Corp.			X							X						X										P
	Homestake Mining Co.			X							X						X										P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

Page 5 of 2

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Life of Indiana Corporation	X									X						X										
	RIBI Immunochem			X							X						X										
	IRA:																										
	National Government Fund	X									X							X									
	Prudential Flexifund			X							X			X					X								P
	Prudential Global Fund Class B			X							X						X										P
	Prudential Intermediate Global Income Fund Class B			X							X			X					X								P
	Thomson U. S. Government Fund	X									X							X									S
SP	National Government Fund	X									X							X									
SP	Prudential Flexifund			X							X			X					X								P
SP	Prudential Global Fund Class B			X							X						X										P
SP	Prudential Intermediate Global Income Fund Class B			X							X			X					X								P
SP	Thomson U. S. Government Fund	X									X							X									S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	KEOGH:																										
	National Government Fund	X									X							X									
	Prudential Flexifund			X							X			X					X								P
	Prudential Global Fund Class B			X							X						X										P
	Prudential Intermediate Global Income Fund Class B			X							X			X					X								P
SP	National Government Fund	X									X							X									
SP	Prudential Flexifund			X							X			X					X								P
SP	Prudential Global Fund Class B			X							X						X										P
SP	Prudential Intermediate Global Income Fund Class B			X							X			X					X								P
SP	Thomson U. S. Government Fund	X									X							X									S
DC	National Government Fund			X							X							X									
DC	Prudential Government Securities Money Market Fund			X							X							X									
	Burton Agency					X											X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Danny L. Burton

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
JT	Laurel County, KY Land (20A)				X												X										
JT	Brown County, IN Land (2A)		X														X										Partial
JT	Burton Ranch Farmland (30A) Residential Rental							X									X										E
JT	8409 E. 46th St., Indpls., IN					X						X					X										E
JT	Harting Farm, Hancock County, IN Camp & St. Clair St. Property						X										X										E
JT	Indpls., IN	X												X								X					S

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SCHEDULE IV — TRANSACTIONS

Name Danny L. Burton

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
JT	INGA - Hartley Land Options	X	X		12-29-93	X						
JT	Harting Farm, Hancock County, IN			X	12-10-93				X			
JT	Camp & St. Clair Properties, Indpls., IN		X		12-23-93	X						
JT	Residential Rental - Indpls., IN			X	12-10-93			X				
JT	Burton Ranch, Indpls., IN 17.63A			X	12-8-93				X			
	Canyon Resources	X			12-3-93	X						
	Homestake Mining	X			12-3-93	X						
	IRA:											
	Prudential Flexifund	X			1-28-93	X						
	Prudential Global Fund, Class B	X			1-28-93	X						
	Prudential Intermediate Global Income Fund, Class B	X			1-28-93	X						
	Thomson U. S. Government Fund		X		1-28-93	X						
SP	Prudential Flexifund	X			1-28-93	X						
SP	Prudential Global Fund, Class B	X			1-28-93	X						
SP	Prudential Intermediate Global Income Fund, Class B	X			1-28-93	X						
SP	Thomson U. S. Government Fund		X		1-28-93	X						

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	KEOGH:											
	Prudential Flexifund	X			1-28-93	X						
	Prudential Global Fund, Class B	X			1-28-93	X						
	Prudential Intermediate Global Income Fund, Class B	X			1-28-93	X						
SP	Prudential Flexifund	X			1-28-93	X						
SP	Prudential Global Fund, Class B	X			1-28-93	X						
SP	Prudential Intermediate Global Income Fund, Class B	X			1-28-93	X						
SP	Thomson U. S. Government Fund		X		1-29-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	IN Constructors	Mar. 1	Wash., DC Ft. Myers, FL - Wash., DC	N	Y	N	N
	National Defense Council	Jun. 11-14	Wash., DC Mexico - Wash., DC	Y	Y	N	N
	Utah Congressional Challenge	Aug. 22-24	Wash., DC Park City, UT - Wash., DC	Y	Y	N	N
	Danny Thompson Golf	Aug. 25-28	Wash., DC Sun Valley, IA - Wash., DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Consultant (Uncompensated)	Burton Agency

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO: 1994 - 75-884 (mac)

Use additional sheets if more space is required.

Name Danny L. Burton | Page 12 of 12

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

INSIDE MAIL

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES
WASHINGTON, D. C 20515

DAN BURTON
6TH DISTRICT INDIANA

RECEIVED
OFFICE OF COUNSEL
1994 JUN -3 AM 9:48
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 12, 1994

1

MC

Honorable Jim McDermott
Chairman
House Committee on
Standards of Official Conduct
U.S. House of Representatives
Washington, D.C. 20515

Dear Mr. Chairman:

In preparing my financial disclosure form for 1993, I realized that a small piece of land that I jointly owned had been inadvertently omitted from my previous financial disclosure reports.

I purchased this small lot before being elected to Congress, and sold it last year for less than $15,000 (1993 Financial Disclosure Form, Page 8 -- Camp & St. Clair Property).

I apologize for this oversight.

Sincerely,

Dan Burton

Dan Burton
Member of Congress

DB/kb

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Stephen E. Buyer
(Full Name)

1419 Longworth House Office Building
(Mailing Address)

Washington, DC 20515-1405

Daytime Telephone (202)225-5037

(Office Use Only)

8

Filer Status	X	Member of the U.S. House of Representatives — State INDIANA District 5		Officer or Employee	Employing Office
Report Type	X	Annual (May 15)		Amendment	Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes X	No	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes X	No	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes	No X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes	No X	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes X	No
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes X	No	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Stephen E. Buyer

DATE (Month/Day/Year) 4/14/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Federal Mogul, Inc.	Spouse Salary	NA
	Stephen E. Buyer Law Office: Legal fees/deferred compensation pursuant to agreement for services rendered prior to 01/01/93.	Deferred payments	$1,331.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Megazine	Article	Aug. 13, 1993	$500
	National Stone Association	Speech	April 21, 1993	$350

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Name Stephen E. Buyer

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock			X							X								X								P
	123 Main St., Dover, Del.						X					X										X					
	1st Bank of Peoria, IL accounts				X								X							X							
JT	Law Office 103 W. Broadway Monticello, Indiana				X							X					X										
JT	Money Market Account Charles Schwab, Indianapolis, IN		X										X						X								
JT	Savings Account State & Savings Bank Monticello, IN			X									X					X									
	IRA Charles Schwab, Indianapolis, IN			X									X						X								
SP	IRA Charles Schwab, Indianapolis, IN			X									X						X								
SP	401K Federal Mogul, Inc., Logansport, IN				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Stephen E. Buyer

Page 5 of 8

Business Source	Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income								BLOCK E Transaction
	A $1 - $1,000		C $1,001 - $15,000		E $15,001 - $50,000		G $50,001 - $1,000,000								I $1 - $200		IV $2,501 - $5,000		VI $15,001 - $50,000		VIII $100,001 - $1,000,000		P, S, E
Savings Account Wright Patman Congressional Fed. C.U.			X								X												

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $15,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Small Business Administration, Denver, CO	Mortgage on Law Office, 103 W. Broadway, Monticello, IN		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NA		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	The Congressional Institute, Inc.	Jan. 25-27	Wash., DC-Princeton,NJ-DC	Y	Y	N	N
	Spartan Mills	Sept. 16	Columbia, SC-Spartanburg, SC-Indianapolis, IN	N	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
12/31/92	Clients of former law practice	Fee agreements with former clients & referred law firms for payment when cases are resolved. All compensated work performed prior to January 1,1993.

GPO: 1994 75-684 (mac)

Use additional sheets if more space is required.

STEVE BUYER
5TH DISTRICT, INDIANA

WASHINGTON OFFICE
1419 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-1405
(202) 225-5037

DISTRICT OFFICES
120 EAST MULBERRY STREET
ROOM 106
KOKOMO, IN 46901
(317) 454-7551

204A NORTH MAIN STREET
MONTICELLO, IN 47960
(219) 583-9819

CONGRESS OF THE UNITED STATES
HOUSE OF REPRESENTATIVES

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEES
RESEARCH AND TECHNOLOGY
MILITARY FORCES AND PERSONNEL

COMMITTEE ON VETERANS' AFFAIRS
SUBCOMMITTEES
HOSPITALS AND HEALTH CARE
HOUSING AND MEMORIAL AFFAIRS

CORN CAUCUS
ALCOHOL FUELS CAUCUS
CONGRESSIONAL AUTOMOTIVE CAUCUS
CONGRESSIONAL SPORTSMEN'S CAUCUS

June 13, 1994

1

INSIDE MAIL

MC

The Honorable Donnald K. Anderson
Office of Records & Registration
1036 Longworth House Office Building
Washington, DC 20515

Dear Sir:

I am sending you this letter as a Statement of Amendment to my Financial Disclosure Statement for Calendar Year 1993. Specifically, in the first entry on Schedule VII, the dates should read Feb. 25-27, instead of Jan. 25-27.

Thank you for your assistance. Should you have any questions, please contact my Office Manager, Eveie Green at 5-5037.

Sincerely,

Steve Buyer

Steve Buyer
Member of Congress

94 JUN 14 PM 2 14

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 2:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (Office Use Only) (8)

LESLIE L. BYRNE
(Full Name)

6442 Queen Anne Terrace
(Mailing Address)

Falls Church, Virginia 22044

Daytime Telephone (202) 225-1492

Filer Status	[X] Member of the U S House of Representatives	State Virginia District 11th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Leslie L. Byrne

DATE (Month/Day/Year): May 15, 1994

Name LESLIE L. BYRNE	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Virginia	Salary	120.10
		Spouse	
	DOE	Salary	28,828.00
		Spouse	
	Hay Group, Inc. Management Consulting	Salary	18,449.00
		Spouse	
	USAID	Salary	97,626.00

For payments to charity in lieu of honoraria, use Schedule II.

Name LESLIE L. BYRNE	Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	The Brookings Institution Note: Funds dispersed to: The Fairfax County Women's Shelter.	Presentation/Speech	May 17, 1993	$ 400.00

This page may be copied if more space is required.

Name LESLIE L BYRNE | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	First Virginia Bank- Northern Operation Center				X								X						X								
S	First Virginia Bank- Northern Operation Center			X									X						X								
	First Virginia Bank Northern Operation Center- IRA				X								N/A							N/A							
S	Hay Retirement Capitol Accumulation Plan- (401- K)						X								X							X					
	92 Byrne for Congress Accounts Receivable				X						PAID-IN-FULL																
	94 Byrne for Congress Accounts Receivable				X								N/A							N/A							

For additional assets and unearned income, use next page.

Name LESLIE L. BYRNE | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
SP	92 Byrne for Congress Accounts Receivable	PAID IN FULL			7/30/94		X					
	94 Byrne for Congress Accounts Receivable	NEW ACCOUNT			12/30/94		X					

This page may be copied if more space is required.

Name LESLIE L. BYRNE | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Fianna Fail Nat. Women's Conf. and the Chambers of Commerce of Ireland.	May 6-9th	DC to NY; NY to DUBLIN DUBLIN to NY; NY to DC	Y	Y	Y	N
Natl. Treasury Employees Union	Aug. 1 2	DC to Miami, FL Miami, FL to DC	Y	Y	N	N
World Affairs Council	Dec. 8 14	DC to NY; NY to AMMAN AMMAN to NY; NY to DC	Y	Y	Y	N

This page may be copied if more space is required.

Name LESLIE L. BYRNE	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Warren Stambaugh Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

HERBERT LEON CALLAHAN
(Full Name)

3251 RIVERE DU CHIEN DRIVE
(Mailing Address)

MOBILE, ALABAMA 36693

MOBILE (205) 690-2811
(Daytime Telephone)

WASHINGTON (202) 225-4931

MAY 13 1994
(Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives	State ALABAMA District ONE	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: H L Callahan

DATE (Month/Day/Year): MAY 13, 1994

Name HERBERT LEON CALLAHAN	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. HOUSE OF REPRESENTATIVES	Salary	133,258

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	BLOCK A Asset and/or Income Source		BLOCK B Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
SP, DC, JT	Examples	SP	Mega Corp. Stock				X					X								X								P
			123 Main St., Dover, Del.						X				X															
			1st Bank of Peoria, IL accounts					X						X														
	AmSOUTH BANK					X								X									X					
	FIRST ALABAMA BANK				X									X						X								
	FEDERAL CREDIT UNION				X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HERBERT LEON CALLAHAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	From "Sub S" Corporations (Pass through items)																										
	The Finch Companies, Inc.									X			X										X				
	The Finch Companies, Inc.										X														X		
	From Partnerships (Pass through items)																										
	H. B. Development Venture				X												X										
	Double M Joint Venture				X							X						X									
	Secure-It Self Storage						X										X										
	Finch Real Estate Corporation		X														X										
	Unimproved Real Estate, West Beach, Gulf Shores, Al. 1/3 undivided interest	X												X									X				S
	Choctaw County Alabama (Camp)			X													X										
	Rights to judgment in Civil action #91-001226 Circuit Court of Mobile, Alabama (under appeal)									X							X										

SCHEDULE IV — TRANSACTIONS

Name HERBERT LEON CALLAHAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10-12-93		X					
	1/3 Undivided interest in Real Estate - Gulf Shores, Al.			X		9-17-93		X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP. DC. JT.	Creditor	Type of Liability	Amount of Liability: B [illegible]	C $15,001–$50,000	D [illegible]	E $100,001–$250,000	F [illegible]	G $500,001–$1,000,000	H [illegible]
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	The Finch Companies, Inc.	Personal					X		
	First Alabama Bank	Personal		X					
	SouthTrust Bank	Personal			X				
	AmSouth Bank	Personal			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Tobacco Institute of America	Jan. 13-17	Round trip air transportation Mobile to Palm Springs, Ca. and return. Rental car.	Y	Y	Y	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, negotiator, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Double M Joint Venture
Partner	H.B. Development
Partner	Secure-It Self Storage

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Same as letter on file: The Finch Companies, Inc.	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:04

MC

HAND DELIVERED

KENNETH STANTON CALVERT
(Full Name)

1523 Longworth Building
(Mailing Address)

202/225-1986
Daytime Telephone

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 43rd	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.** N/A	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Kenneth S. Calvert

DATE (Month/Day/Year): 5/12/94

Name	KENNETH STANTON CALVERT	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	N/A		

For payments to charity in lieu of honoraria, use Schedule II

Name	KENNETH STANTON CALVERT	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source		Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	N/A			—
				—
				—
				—
				—

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name KENNETH STANTON CALVERT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Commercial Rental 63 W. Grand Blvd., Corona, CA							X				X					X										
	Commercial Rental 330 N. Sherman, Corona, CA						X					X											X				
	Vacant Land (10) Greenway Farms, TX							X				X						X									
	Vacant Land (9.16) Temescal Interstate Prop., Corona, CA							X									X										
	Vacant Land Greenriver Bus. Park, Corona, CA							X									X										
	Commercial Rental (11.11) Lincoln - Railroad - Corona					X						X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name KENNETH STANTON CALVERT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Note Receivable Calvert Real Prop. Inc.			X									X									X					
	Vacant Land, Santa Rosa Ranch, Murrietta, CA						X										X										
	Vacant Land - Temescal Canyon Corona, CA (17%)					X											X										
	LTD. Partnership - Western Ag Ventures Assoc. - TCD's Retirement Plan				X								X				X										
	13,700 shares, Western Comm. Bank Stock				X						X						X										
	Stock in Calvert Real Prop. FNC - Corona				X												X										
	Land - Temescal Creek Corona, CA					X											X										
	Commercial Rental (27%) Main at Washburn, Corona, CA					X						X									X						

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SCHEDULE IV — TRANSACTIONS

Name KENNETH STANTON CALVERT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
		N/A											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Upland Bank - Corona, CA	Mortgage - 330 Sherman - Corona				X			
	Upland Bank - Corona, CA	Mortgage - Lincoln Railroad, Corona		X					
	Upland Bank, Corona, CA	Mortgage - 63 W. Grand, Corona				X			
	Liberty National Bank, Sante Fe Springs, CA	Mortgage - Temescal Canyon, Corona				X			
	Western Community Bank, Corona, CA	Mortgage - Greenriver Bus. Park				X			
	Western Community Bank, Corona, CA	Business Loans					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AIPAC	Aug. 23-30	Wash., D.C.-JFK-Tel Aviv-JFK-Wash., D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

KEN CALVERT
43[illegible] DISTRICT, CALIFORNIA

COMMITTEE ON NATURAL RESOURCES
[illegible]
NATIONAL PARKS, FORESTS
AND PUBLIC LANDS
OVERSIGHT AND INVESTIGATIONS
NATIVE AMERICAN AFFAIRS

COMMITTEE ON SCIENCE
SPACE AND TECHNOLOGY
[illegible]
[illegible]
TECHNOLOGY, ENVIRONMENT
AND [illegible]

1994 MAY 19 AM 11: 10
HAND DELIVERED
U.S. HOUSE OF REPRESENTATIVES

WASHINGTON OFFICE
1523 LONGWORTH HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-0543
(202) 225-1986

DISTRICT OFFICE
3400 CENTRAL AVENUE
SUITE 200
RIVERSIDE, CA 92506
(909) 784-4300

Congress of the United States
House of Representatives
Washington, DC 20515-0543

1

Office of the Clerk
House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515-6612

MC ✓

Dear Sirs:

After reviewing my financial disclosure records of 1993, I realize that I inadvertently left out one particular trip that I took which was paid by the Congressional Institute. If you would please include the following information, I would be most grateful:

SCHEDULE VII

Congressional Institute Feb. 25-27 D.C. - Princeton - D.C.

Lodging: YES
Food: YES
No Family Included
Covered all expenses

I appreciate your immediate attention to this matter and should you have any questions, please do not hesitate in contacting me.

Sincerely,

Ken Calvert

KEN CALVERT, M.C.

KC:lu

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3 16

MAY 09 1994

(Office Use Only)

6

David Lee Camp
(Full Name)

5801 Leeway Drive
(Mailing Address)

Midland, Michigan 48640

Daytime Telephone (202)225-3561

Filer Status	[x] Member of the U.S. House of Representatives	State Michigan District 04	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [ ] No [x]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [ ] No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [x] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [ ] No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [x] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dave Camp

DATE (Month/Day/Year) 5/9/94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name David Lee Camp

Page 1 of 3

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Camp Real Estate Agency owning comm. buildings-Mich						X					X										X					
	Chemical Bank & Trust Company Checking Account				X								X						X								
	Chemical Financial Corporation-Stock			X							X									X							
	American Home Products Stock			X							X									X							
	Comerica, Inc. - Stock				X						X									X							
	Dow Chemical Stock						X				X											X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

Page 2 of 3

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
	[redacted]	A $1 - $1,000	B [redacted]	C $15,001 - $50,000	D [redacted]	E $100,001 - $250,000	F [redacted]	G $500,001 - $1,000,000	H [redacted]	DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted] TRUST	None	I [redacted]	II $201 - $1,000	III [redacted]	IV $2,501 - $5,000	V [redacted]	VI $15,001 - $50,000	VII [redacted]	VIII $100,001 - $1,000,000	IX [redacted]	P, S, E
H J Heinz - Stock				x						x								x								
Kellogg - Stock				x						x								x								
Liquidating Trust-First National Investment Co. of Midland, Inc.	x													x		x										Liquidation Completed - No Gain
Van Kampen Municipal Trust			x									x						x								
A G Edwards M.M.F. - Centenial Rollover I.R.A.				x						x								x								
A G Edwards - Self Directed:																										
Bond Fund of America				x								x							x							
Daily Cash Accum. Fund			x							x								x								
H J Heinz			x							x								x								
May Department Stores			x							x							x									
Venture Stores		x								x							x									
A G Edwards - I.R.A. Self Directed:																										
Chemical Financial Corporation			x							x								x								
Daily Cash Accum. Fund			x							x								x								
Intel Overseas Zero Coupon			x									x						x								

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name David Lee Camp

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	A G Edwards - I.R.A. Self Directed:																										
	Thompson Fund			x							x							x									

This page may be copied if more space is required.

Name David Lee Camp | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Chemical Bank & Trust Co. - Midland, MI	Mortgage on Property in Merrill, MI		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Corporate Member (Not on Board of Directors)	Mid-Michigan Regional Health System - Resigned Effective April 23, 1994

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 (5 884 ma)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:06
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Charles T. Canady
Name

1107 Longworth Building, Washington, D.C. 20515 (202)225-1252
Office Address

HAND DELIVERED

5

Filer Status	[X] Member of the U.S. House of Representatives — State Florida District 12	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Chas. T. Canady	**DATE** (Month/Day/Year) 5/16/94

Name Charles T. Canady | Page 2 of 5

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Lane, Trohn, et al. P.A. Stock				X									X					X								S
	Lane, Trohn, et al. P.A. Profit Sharing Trust	X									Lump sum withdrawal												X				
	Promissory note from Lane, Trohn, et al. P.A. for purchase of P.A. Stock			X									X				X										

For additional assets and unearned income, use next page.

Name Charles T. Canady | Page 3 of 5

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Lane, Trohn et al. P.A. Stock		X		1/15/93		X					

This page may be copied if more space is required.

Name Charles T. Canady | Page 4 of 5

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Lane, Trohn, et al., P.A.	Promissory note	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Volunteers in Service to the Elderly, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1/15/93	Lane, Trohn, et al., P.A.	Promissory note for purchase price of P.A. stock sold to P.A., with final payment due on 1/15/94
4/01/93	Lane, Trohn, et al., P.A. Profit Sharing Trust	Lump sum withdrawal of assets

GPO 1994 - 75 AM (max)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:57

HAND DELIVERED (3)

(Office Use Only)

Maria Ellen Cantwell
(Full Name)

23405 Lakeview Drive
(Mailing Address)

(202) 225-6311
Daytime Telephone

Mountlake Terrace, Wa 98043

Filer Status	[X] Member of the U.S. House of Representatives	State WA District 1st	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ] No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Maria Cantwell

DATE (Month/Day/Year): 5/11/94

503

Name Maria E. Cantwell | Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A [illegible] Income Source	BLOCK B Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."								BLOCK C Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.						BLOCK D Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.								BLOCK E Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP Mega Corp. Stock				X						X								X								P
JT 123 Main St., Dover, Del.							X					X									X					
JT 1st Bank of Peoria, IL accounts					X							X							X							
Seafirst Bank - Seattle, WA			X									X				X										

For additional assets and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Snohomish County Displaced Homemakers (honorary position)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

MARIA CANTWELL

Congress of the United States
House of Representatives
Washington, D.C. 20515-4701

PUBLIC WORKS AND TRANSPORTATION COMMITTEE
Subcommittees
Surface Transportation
Aviation
MERCHANT MARINE AND FISHERIES COMMITTEE
Subcommittee
Fisheries Management
FOREIGN AFFAIRS COMMITTEE
Subcommittee
Trade and Environment

1994 MAY 18 PM 3:17
OFFICE OF RECORDS
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(1)

May 18, 1994

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

MC

Dear Mr. Anderson:

This letter is to amend my financial disclosure form for calendar year 1993. Upon reviewing my form, I noticed two inadvertent typographical errors. On page 2 of 3 ("Assets"), the incorrect category of value was checked in "Block B" for the value of the asset listed as "Seafirst Bank - Seattle, WA".

The correct category is $15,001 - $50,000. Also, on page 1 of 3, the "Yes" box for this asset should have been checked.

Thank you for your attention to this matter.

Sincerely,

Maria Cantwell

Maria Cantwell
MEMBER OF CONGRESS

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 AM 11:24
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
21

BENJAMIN L. CARDIN
(Full Name)

9 Whitebridge Court
Baltimore, Maryland 21208
(Mailing Address)

410-433-8886
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District 3rd	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Benjamin L. Cardin	May 12, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Maryland (Income earned prior to being elected to Congress)	Deferred Compensation	$24,000
	State of Maryland	Legislative Pension	$ 3,512
	Maryland Assoc. of Non-public Special Education Facilities	Spouse's Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
University of Maryland at Baltimore, 20 North Pine Street, Baltimore, MD 21201 (Pharmacy School)	Francis S. Balassone Memorial Lecture	March 9, 1993	$ 500
Securities Industry Association, 1850 M St,NW Washington, D.C. 20036	Speech	June 15, 1993	$2000
The American Urological Association, 1101 17th St, NW Washington, D.C.	Speech	Nov. 6, 1993	$2000
Har Sinai Brotherhood, 6300 Park Heights Avenue Baltimore, MD 21215	Speech	Oct. 28, 1993	$ 100

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S) or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Olin Corporation Stock			X							X								X								
	Bristol Myers Squibb Co. Stock					X					X									X							P
	Time Warner Common Stock			X							X							X									
	Time Warner Preferred D Stock No Longer Owned	X									X								X								S
	Time Warner Preferred C Stock No Longer Owned	X									X								X								E
	Time Warner Debentures			X									X						X								E/S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	BHC Communications, Inc. Stock			X							X							X									
	Niagara Mohawk Stock			X							X							X									
	Mid Atlantic Realty Trust (Formerly BTR Stock)			X							X								X								E
	Radiation System Stock			X							X							X									
S	Northeast Utilities Stock			X							X								X								
	A.T. & T. Stock				X						X								X								
S	Camden Yards Cold Storage, Inc. NOTE 10 Baltimore, MD		X								X						X										
JT	Smith, Barney Cash Management Account				X						X										X						
JT	Maryland Health & Higher Ed. Bonds			X									X						X								
JT	Prince George's Co., Md. Bond			X							No Income Zero Coupon																
JT	Israel Bonds			X									X						X								
JT	Meyer M. Cardin Trust NOTE 1								X				X										X				
NOTE 2	Venture B.G. Partnership 3601 Washington Blvd, Balto, MD		X								J (c) J (d)										X X						
	Deferred Compensation Plan State of Maryland			X									N/A														withdrawals
	Keough - A.B.A. Retirement Plan Benj. L. Cardin Retirement Plan							X					N/A														

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BENJAMIN L. CARDIN

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
NOTE 4		IRAs - Regal Savings Bank, Owings Mills, MD Assets include:																										
		1. Israel Bonds				X																						
		2. Money Market Funds			X									N/A														
	S	Deferred Compensation Plan Spouse's Employment				X								N/A														
	S	T.I.A.A. - Cref Retirement & Pension Plans - Spouse's Empl.			X									N/A														
		Benjamin L. Cardin Trust (B. Green) NOTE 5								X		X												X				NOTE 5
														X										X				
		Benjamin L. Cardin Trust (Settlor) NOTE 6 and 7		X														X										
		Congressional Credit Union			X									X					X									
	JT	Dean Witter Reynolds Cash Management Account					X					X								X								P
	JT	Colonial Utilities Fund				X						X							X									P
	JT	Keystone Custodian Fund				X						X						X										P
	JT	Dean Witter Global Dividend Growth Fund													X				X									P
						X						X							X									

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SCHEDULE IV — TRANSACTIONS

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Bristol Myers Squibb Co., Common Stock	X			NOTE 9	X						
	Deferred Compensation Plan State of Maryland See NOTE 5 and attachments for Transactions of Benjamin L. Cardin Trust (B.Green)	Withdrawals			Monthly		X					
	Mid Atlantic Realty Trust (Formerly BTR Stock)	Merger			Fall, '93	X						
	Time Warner Preferred D Stock	Redeemed			Apr 12,93	X						
	Time Warner Preferred C Stock	Converted to Debentures			Apr 7,'93	X						
	Time Warner Debentures	Partial Redemption			July 12 1993	X						
JT	Dean Witter Reynolds Cash Management Account	X			Oct 11,93			X				
JT	Colonial Utilities Fund	X			Nov 23,93		X					
JT	Keystone Custodian Fund	X			Dec 10,93		X					
JT	Dean Witter Global Dividend Growth Fund	X			Nov 17,93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	See NOTE 2 and attachments for Liabilities of Venture B.G. Partnership								
	See NOTE 6 and attachments for Liabilities of Benjamin L. Cardin Trust (Settlor) - Green Properties Partnership								

SCHEDULE VI — GIFTS N/A

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Academy of Science	July 16-19, 1993	Balto, MD - Woods Hole, MA - Balto, MD participant High Tech Health Care Reform(presenter)	Y	Y	Spouse	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED SHEET

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
Jan. 2, 1987 (Retired)	Filer and the State of Maryland	As a "retiree" from State service, I receive pension benefits (reported in Part I) and the right to participate in health insurance with the employer subsidizing some of the cost. In addition, I am receiving deferred compensation for income earned during my employment with the State (reported in Part I).

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

ETHICS IN GOVERNMENT ACT - FINANCIAL DISCLOSURE STATEMENT
BENJAMIN L. CARDIN
PART VIII POSITIONS

POSITION	NAME OF ORGANIZATION
Member	Chancellor's Advisory Council of the University of Maryland System, College Park, Maryland
Trustee/Secretary of the Board of Trustees	St. Mary's College, St. Mary's Maryland
Director	Catonsville Community College Foundation Baltimore, Maryland
Director	Re-Visions Foundation, Inc. Baltimore, Maryland
Director/Chairman	Maryland Legal Services Corporation Baltimore, Maryland
Trustee	Baltimore Museum of Art Baltimore, Maryland
Board Member	Menorah Lodge #771, B'nai B'rith Baltimore, Maryland
Board of Visitors	University of Maryland Law School Baltimore, Maryland
Board of Advisors	Closeup Foundation, Virginia
Technical Review Committee	Maryland Psychiatric Research Center
Partner	Partnerships listed in PARTS II & III (Venture BF, Green Properties and Warwick Associates)
Board of Advisors	Patriots of Fort McHenry
Board of Advisors	Z.O.A. Baltimore, Maryland
Honorary Board	Reflex Sympathetic Dystrophy Association of U.S.
Member	President's Advisory Board, University of Maryland Baltimore County Campus
Co-Chair, Advisory Board	Maryland Education Coalition Advisory Board Baltimore, Maryland
Advisory Committee	Lawyers' Campaign Against Hunger Baltimore, Maryland

BENJAMIN L. CARDIN

NOTES

1 A Trust established by filer's father for the benefit of filer and spouse during their lifetime with the remainderman interest to filer's children. Assets of trust are listed on attached sheet.

2 Venture BG is a partnership that holds the land at 3601 Washington Blvd., Balto., Md. The property is leased to B. Green & Co., Inc. Filer owns a 2% interest. The evaluation is based on book value, i.e. a negative partner's capital account. The Assets and Liabilities of the partnership are listed on the attached sheets. Income reflected on Part III represents "income" J(c) line of K1 form and "distribution" J (d) line of K1 form.

3 CMA Account transferred to Dean Witter CMA Account.

4 Includes IRAs for filer and spouse.

5 A trust established by Grandfather (Benjamin L. Green). Filer is income beneficiary and contingent residuary beneficiary. Assets and Transactions are listed on the attached sheets.

6 A trust established by Filer on June 29, 1990 for the benefit of spouse during her lifetime with remainder interest to Filer's children. The trust holds a one-sixth interest in a partnership known as Green Properties Partnership. The partnership owns property located at 1300 S. Monroe Street, Balto., Md. and 2330 N. Warwick Ave., Balto., Md. (through a partnership known as Warwick Associates). Both properties are leased to B. Green & Co., Inc.. In addition the trust purchased life insurance in March, 1991. The Assets and Liabilities of the trust and partnership are listed on the attached sheets.

7 Evaluation based on book value, i.e. a negative partner's capital account of Green Properties Partnership.

8 Evaluation based on book value of property.

9 Quarterly dividend reinvestment.

10 The evaluation is based on book value, i.e. negative stockholder's equity of a corporation which is not publicly traded. Income for 1993 showed a loss. No income was distributed in 1993.

11 Dividend received in 1993 for record ownership in 1992. Transaction disclosed on 1992 Disclosure Statement.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 1

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN MEYER M. CARDIN TRUST

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	B. Green & Co., 3601 Washington Blvd, Balto, MD Promissory Note								X				X										X				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 2

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN VENTURE BG PARTNERSHIP

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	3601 Washington Blvd., Balto., Md.									X		X												X		

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FOR LIABILITIES INCLUDED IN VENTURE BG PARTNERSHIP
NOTE 2

SCHEDULE V — LIABILITIES

Name BENJAMIN L. CARDIN

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Provident National Indemnity c/o Republic Realty Mortgage Corp, Richmond, VA	Mortgage on 3601 Washington Blvd., Balto., MD							X

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 5

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN) PAGE 1 OF 3

Name BENJAMIN L. CARDIN

Page 16 of 21

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	B. Green & Co., Stock (Also ~~known BG Acquisition Co.~~), 3601 Washington Blvd., Balto., ~~MD NO LONGER OWNED NOTE 11~~	X									X											X					
	Washington Suburban Sanitation Bonds					X							X								X						
	Howard Co., MD Bonds				X								X							X							
	University of Maryland Bonds					X							X								X						P
	Maryland Community Development Bonds				X								X							X							
	Montgomery Co., MD Ride on Bond			X									X						X								
	Maryland Bond DOT ~~NO LONGER OWNED~~	X											X						X								Matured
	Smith, Barney Cash Management ~~Account NO LONGER OWNED~~	X											X									X					E
	Baltimore Co., MD Bond				X								X							X							Matured
	Anne Arundel Co., MD Bonds				X								X							X							
	Seligman Bond Fund				X								X	X					X	X							
	Maryland Health & Higher Ed. Bond			X									X						X								
	Maryland Tax Free Bond Fund 76					X							X									X					return of partial principle

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 5

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN) PAGE 2 OF 2

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Annapolis, MD. Bond			X									X						X								
	St. Mary's Co., MD Bond NO LONGER OWNED	X											X						X								Matured
	Maryland State Bond				X								X							X							
	B. Green & Co., Inc. Promissory Note NO LONGER OWNED	X											X								X						Redeemed
	Smith, Barney Intermediate Municipal Bond Fund				X								X	X				X		X							
	Eaton Vance Municipal Trust				X								X							X							
	Maryland Investment Quality Tax Exempt Trust - Ser. 44			X									X						X								
	Maryland Tax Free Bond Trust 70			X									X						X								
	Maryland Tax Free Bond Trust 71 (Trust 283)				X								X							X							
	Maryland Tax Free Bond Trust 79				X								X							X							
	Maryland Tax Free Bond Trust 84				X								X							X							P
	Nuveen Maryland Prem. - Municipal Fund				X								X							X							P
	Tax Exempt Securities Trust 374 TR 32					X							X						X								P
	Delaware Group Dividend & Income Fund				X						X									X							P
	Putnam Fund for Growth & Income B					X					X			X						X X							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME NOTE 5

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN) PAGE 3 OF 3

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	American Capital Equity Income Fund B				X						X			X					X X								P
	GT Global Telecommunication Fund B				X						X			X				X	X								P
	Dean Witter Cash Management Account						X				X								X								E
	Colonial Trust IV Utilities Fund Class B				X								X				X										P
	Dean Witter Select Municipal Maryland Fund			X									X				X										P

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FOR TRANSACTIONS INCLUDED IN BENJAMIN L. CARDIN TRUST (B. GREEN)

SCHEDULE IV — TRANSACTIONS NOTE 5

Name BENJAMIN L. CARDIN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	B. Green & Co., Inc. Promissory Note	Redeemed			1-4-93 2-16-93						X	
	Maryland Tax Free Bond Trust 84	X			2-26-93		X					
	Baltimore Co., MD Bond	Matured			10-1-93	X						
	Maryland Bond, DOT	Matured			5-17-93		X					
	St. Mary's Co., MD Bond	Matured			7-1-93	X						
	Maryland Tax Free Bond Fund 76	Partial Return of Principal			2-16-93	X						
	University of Maryland Bond (one bond)	X			1-13-93	X						
	Nuveen Maryland Prem - Municipal Fund	X			3-12-93		X					
	Tax Exempt Securities Trust 374-TR32	X			6-10-93			X				
	Smith, Barney Cash Management Account	NOTE 3			10-29-93				X			
	Dean Witter Cash Management Account	Account Opened			10-29-93				X			
	Delaware Group Dividend and Income Fund	X			3-25-93		X					
	Putnam Fund for Growth & Income B	X			3-25-93			X				
	American Capital Equity Income Fund B	X			5-13-93		X					
	GT Global Telecommunication Fund B	X			5-13-93		X					
	Colonial Trust IV Utilities Fund Class B	X			5-13-93		X					
	Dean Witter Select Municipal Maryland Fund	X			11-16-93	X						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed) FOR ASSETS INCLUDED IN BENJAMIN L. CARDIN (SETTLOR) NOTE 6

Name BENJAMIN L. CARDIN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	A one-sixth partnership interest in Green Properties Partnership which assets consist of (1) 1300 S. Monroe Street Baltimore, MD									X		X													X		
	(2) Warwick Associates Partnership which assets consist of 2330 N. Warwick Ave., Balto., MD (including equipment) NOTE 8								X			X													X		

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FOR LIABILITIES INCLUDED IN BENJAMIN L. CARDIN TRUST (SETTLOR) NOTE 6

Name BENJAMIN L. CARDIN

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude**: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x			
	LIABILITIES INVOLVING GREEN PROPERTIES PARTNERSHIP								
	(1) Provident Bank of Maryland	Mortgage on 1300 S. Monroe St. Baltimore, MD							X
	(2) B. Green & Co., Inc. 3601 Washington Blvd., Baltimore, MD	Loan for 1300 S. Monroe St. Baltimore, MD				X			
	(3) Bank of Maryland (Towson, MD)	Mortgage on 2330 N. Warwick Ave., Balto, MD						X	
	(4) B. Green & Co., Inc. 3601 Washington Blvd., Balto., MD	Loan for 2330 N. Warwick Ave. Baltimore, MD				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:10

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
FILING DIVISION
FILED

(9)

BOB CARR
(Full Name)
2347 RAYBURN HOB
(Mailing Address)
WASHINGTON, DC
Telephone Number 225 4872

Filer Status	[X] Member of the U.S. House of Representatives	State MI District 8	[ ] Officer or Employee	Employing Office	**A $200 penalty shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Bob Carr	**DATE** (Month/Day/Year) 5/12/94

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Name	BOB CHICK	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DNC SERVICES CORPORATION	SPOUSE SALARY	NA
	DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II

Name	BOB CARR	Page X of '

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Am Concrete Pavers Assn, Palm Beach, FL	Speech	12/2/93	$1,000
Mi Concrete Pavers Assn, Ypsilanti, MI	Speech	3/5/93	$1,000

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Name BOB CARR Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	303 C ST SE, WASH, DC							X				X											X				
	PRUDENTIAL LIFE INSURANCE			X							X																
	WP FEDERAL CREDIT UNION		X								X							X									
JT	APPLE COMPUTER STOCK			X							X							X									
JT	GILLETTS Co STOCK				X						X									X							
JT	CIPSCO STOCK				X						X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB CARR

Page 1 of 3

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	CMS ENERGY STOCK			X							X							X									
JT	WALT DISNEY STOCK				X						X							X									
JT	CHRYSLER STOCK			X							X							X									
JT	NYSEG STOCK				X						X									X	X						
JT	UGI NEW STOCK				X						X										X						
JT	OHIO EDISON STOCK				X						X										X						
JT	FIRST UNION REIT STOCK			X							X								X								
JT	SMITH BARNEY SHEARSON HI YIELD CLA*				X						X										X						

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* MUTUAL FUND -> NAME CHANGE FROM SHEARSON LEHMAN BROS

SCHEDULE IV — TRANSACTIONS

Name BOB CARR | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					

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Name BOB CARR | Page 6 of ?

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	SMITH BARNEY SHEARSON	MARGIN ACCOUNT				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Kemper Open Committee	Carry-all, Shirt, Sweater, Crystal to all Pro-Am contestants (minus a personal payment)	$200
Danny Thompson Memorial Golf Tournament	Shoes, Shirt, Cap, Jacket & Golf Balls to Celebrity Participants	$200

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assoc General Contractors	3/20-21/93	IAD-LAS-DCA	Y	Y	N	N
	CSX Corporation	5/28-31/93	PHL-IWB (Spouse)	Y	Y	Y	N
	Danny Thompson Memorial Golf Tournament	8/22-29/93	IAD-BOI, SUN-DCA	Y	Y	Y	4 Days
	Utah Congressional Challenge	8/23-24/93	SUN-SLC	Y	Y	N	N
	General Aviation Manuf Assn	11/12-13/93	MRY-IAD	Y	Y	Y	N
	Jacobs Engineering	11/11-12/93	IAD-LAX-MRY	Y	Y	Y	N
	Am Concrete Pavers Assn	12/2/93	DCA-PBI-DCA	N	N	N	N

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Name	BOB CARR	Page 3 of 3

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	WORLD HUNGER YEAR (UNCOMPENSATED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 25 PM 12:08

Honorable Bob Carr

2347 Rayburn HOB

Washington, DC 20515 202-225-4872

HAND DELIVERED (Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives — State: MI District: 8	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5-24-94

Name BOB CARR | Page 1 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DNC SERVICES CORPORATION	SPOUSE SALARY	NA
	DEMOCRATIC SENATORIAL CAMPAIGN COMMITTEE	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name BOB CARR | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Am Concrete Pavers Assn, Palm Beach, FL	Speech	12/2/93	$1,000
Mi Concrete Pavers Assn, Ypsilanti, MI	Speech	3/5/93	$1,000

This page may be copied if more space is required.

Name BOB CARR Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	303 C ST SE, WASH, DC							X				X											X				
	PRUDENTIAL LIFE INSURANCE			X							X							X									
	WP FEDERAL CREDIT UNION		X								X							X									
JT	APPLE COMPUTER STOCK			X							X							X									
JT	GILLETTE Co STOCK				X						X									X							
JT	CIPSCO STOCK				X						X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB CARR

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source		BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
JT	CMS ENERGY	STOCK			X							X							X									
JT	WALT DISNEY	STOCK				X						X							X									
JT	CHRYSLER	STOCK			X							X							X									
JT	NYSEG	STOCK				X						X									X							
JT	UGI NEW	STOCK				X						X										X						
JT	OHIO EDISON	STOCK				X						X										X						
JT	FIRST UNION REIT	STOCK			X							X								X								
JT	SMITH BARNEY SHEARSON	HI YIELD CL A*				X						X										X						

NAME CHANGE FROM

Name BOB CARR | Page 5 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	SMITH BARNEY SHEARSON	MARGIN ACCOUNT				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Kemper Open Committee	Carry-all, Shirt, Sweater, Crystal to all Pro-Am contestants (minus a personal payment)	$200
Danny Thompson Memorial Golf Tournament	Shoes, Shirt, Cap, Jacket & Golf Balls to Celebrity Participants	$200

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Assoc General Contractors	3/20-21/93	IAD-LAS-DCA	Y	Y	N	N
	CSX Corporation	5/28-31/93	PHL-IAB (Spouse)	Y	Y	Y	N
	Danny Thompson Memorial Golf Tournament	8/22-29/93	IAD-BOI, SUN-DCA	Y	Y	Y	4 Days
	Utah Congressional Challenge	8/23-24/93	SUN-SLC	Y	Y	N	N
	General Aviation Manuf Assn	11/12-13/93	MRY-IAD	Y	Y	Y	N
	Jacobs Engineering	11/11-12/93	IAD-LAX-MRY	Y	Y	Y	N
	Am Concrete Pavers Assn	12/2/93	DCA-PBI-DCA	N	N	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	WORLD HUNGER YEAR (UNCOMPENSATED

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 - 75-881 (net)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:01

HAND DELIVERED

MC (Office Use Only) (15)

Michael N. Castle
2001 Kentmere Place
Wilmington, DE 19806
(302) 428-1902

Filer Status	[X] Member of the U.S. House of Representatives	State District: Delaware Single District	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Michael N. Castle

DATE (Month/Day/Year): 5/13/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Treasurer - State of Delaware	Governor's Salary	306

For payments to charity in lieu of honoraria, use Schedule II.

Name Michael N. Castle

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	See Attached Schedule																										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Michael N. Castle

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	See Attached Schedule											

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Edwin Ratledge Estate through Mortgage Service Corp.	33% of Mortgage on 500 West 10th Street, Wilmington, DE				X			
	Wilmington Trust Company through Mortgage Service Corp.	33% of Mortgage on 500 West 10th Street, Wilmington, DE				X			
	Ninth Street Partnership	26.7% of Mortgage on 300-322 West 9th St., Wilmington, DE				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
See Attached Schedule							

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
N/A	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement – 1993

Schedule III – Assets and unearned income

SP DC JT	Block A Asset and/or Income Source	Block B Value of Asset: NONE	A	B	C	D	E	F	G	H	All Vat	Block C Type of Income: Div	Rent	Int	Cap Gain	Exc Trust	Blind Trust	Other	Block D Amount of Income: NONE	I	II	III	IV	V	VI	VII	VIII	IX	Block E Transaction (P), (S), (E)
	REAL ESTATE																												
	14 George St, Dewey Beach, DE – House							X																					
	Gross rental income												X											X					
	Net rental income												X						X										
	Rockford Village Partners, owning Lakeshore Quadrille and																												
	Lakeshore Class I and II, 33% interest (Partnership Income)			X														X	X										
	Rockford Village Partners owning Mortgage Service																												
	Corp. owning land and office bldg at 500 W. 10th St																												
	Wilmington, DE – 33% interest							X																					
	Gross rental income												X												X				
	Net rental income												X										X						
	Rockford Village Partners, owning Ninth St. Partnership																												
	owning offices at 300–322 W. 9th St. Wilmington, DE																												
	26.7% interest						X																						
	Gross rental income												X											X					
	Net rental income												X										X						
	Carlyle Real Estate LP XV (Partnership Income)				X													X	X										
	MUTUAL FUNDS																												
	Brandywine Fund					X						X			X									X					
	Vanguard Money Market Reserves Prime Portfolio				X							X									X								
SP	Vanguard Money Market Reserves Prime Portfolio			X								X									X								
	Vanguard Trustees International Portfolio			X								X									X								
	JMS Primary Fund						X					X											X						
	Rockford Village Partners owning Mortgage Service																												
	Corp. owning Rodney Square Money Market Fund					X						X										X							
	STOCKS HELD AT 12/31/93																												
	Flir Systems, Inc			X								X							X										P
	Fosmes Intl. Inc				X							X							X										P
	Harman Intl Inds, Inc New				X							X							X										P
	Harris Corp Del				X							X							X										P
	Intelligent Electronics, Inc				X							X							X										P
	K L A Instruments Corp				X							X							X										P
	LSI Logic Corp			X								X							X										P

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement – 1993

Schedule III – Assets and unearned income

Block A Asset and/or Income Source	Block B Value of Asset: Category Of Value									Block C Type of Income							Block D Amount of Income									Block E Transaction
SP DC JT	NONE	A	B	C	D	E	F	G	H	All Val	Div	Rent	Int	Cap Gain	Exc Trust	Blind Trust	Other	NONE	i	ii	iii	iv	v	vi	vii	viii	(P), (S), (E)
La Quinta Inns, Inc				X							X							X									P
Lam Research Corp				X							X							X									P
Mitel Corp			X								X							X									P
Natural Alternatives New Intl, Inc			X								X							X									P
Patrick Industries, Inc				X							X							X									P
Rhodes, Inc New			X								X							X									P
Right Mgmt Consultants, Inc			X								X							X									P
River Oaks Furniture, Inc			X								X							X									P
Safetytek Corp			X								X							X									P
Score Board, Inc New			X								X							X									P
Tendycrafts, Inc				X							X							X									P
STOCKS SOLD IN 1993																										
Alexander & Baldwin, Inc				X							X			X					X								S
Ashland Oil, Inc				X							X			X					X								S
Avnet, Inc				X							X			X					X								S
Edison Brothers Stores, Inc			X								X			X					X								S
Edwards A G , Inc				X							X			X					X								S
IBP, Inc				X							X			X					X								S
Millipore Corp				X							X			X					X								S
Monsanto Company				X							X			X					X								S
Rite Aid Corporation				X							X			X					X								S
Sprint Corp				X							X			X					X								S
Tultex Corp				X							X			X					X								S
Whirlpool Corp				X							X			X					X								S
MUNICIPAL BONDS																										
Delaware Gen Oblig , Due 05/01/02, Zero Coupon			X										X					X									P
Delaware Gen Oblig , Due 05/01/03, Zero Coupon				X									X					X									
Delaware Gen Oblig , Due 05/01/04, Zero Coupon			X										X					X									P
Delaware Gen Oblig , Due 05/01/05, Zero Coupon			X										X					X									P
Puerto Rico Electric Power, Due 07/01/01, Zero Coupon			X										X					X									
Puerto Rico Electric Power, Due 07/01/09, Zero Coupon				X									X					X									
Puerto Rico Electric Power, Due 07/01/00, Zero Coupon				X									X					X									

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement – 1993

Schedule III – Assets and unearned income

SP DC JT	Block A Asset and/or Income Source	Block B Value of Asset: NONE	A	B	C	D	E	F	G	H	All Val	Block C Type of Income: Div	Rent	Int	Cap Gain	Exc Trust	Blind Trust	Other	Block D Amount of Income: NONE	I	II	III	IV	V	VI	VII	VIII	IX	Block E Transaction (P), (S), (E)
	RETIREMENT FUNDS																												
	John Hancock Annuity					X								X					X										
	Boston Co. Cap. Appreciation Fund					X						X			X				X										
	Windsor Fund				X							X			X				X										
	Merrill Lynch Balanced Fund Cl B (IRA)					X						X			X							X							
	Merrill Lynch Retirement Reserves (IRA)				X							X									X								
	Continental Bank CD (IRA)				X									X									X						
	Bankers Trust Zero Coupon CD (IRA)				X									X					X										
	Transamerica 8.5% Cum Pfd Class D (IRA)			X								X									X								
	USX Marathon Group Common (IRA)			X								X									X								
SP	T. Rowe Price (Retirement Account)				X							X			X						X								
SP	Dean Witter Trust Company (IRA)			X								X			X				X										
	OTHER ASSETS																												
	U.S. Savings Bonds, Series EE			X										X					X										
JT	Wilmington Trust Company Cash Accounts				X									X							X								
	TRUSTS																												
	Trust U/A 08/25/41 M/B James M. Castle (TR # 1) - 8.33 % Interest																												
	Allocable Share of Trust Income Per K-1											X		X							X								
	Assets With a Value Exceeding $1,000																												
	Bristol Myers Squibb Co. - Stock			X																									
	Cigna Corp. - Stock			X																									
	Chevron Corp. - Stock			X																									
	Equity Fund - Mutual Fund			X																									
	Fixed Income Fund - Mutual Fund			X																									
	Trust U/A 01/21/53 M/B James M. Castle (TR # 3) - 8.33 % Interest																												
	Allocable Share of Trust Income Per K-1											X		X								X							
	Assets With a Value Exceeding $1,000																												
	American Home Products - Stock			X																									
	Atlantic Richfield Co. - Stock			X																									
	Bristol Myers Squibb Co. - Stock			X																									
	Du Pont E. I. De Nemours & Co. - Stock			X																									
	GTE Corp. - Stock			X																									
	General Electric Co. - Stock			X																									

Michael N. Castle
Attachment to Form A
Financial Disclosure Statement – 1993

Schedule III – Assets and unearned income

Block A Asset and/or Income Source	Block B Value of Asset – Category Of Value									Block C Type of Income							Block D Amount of Income									Block E Transaction
	NONE	A	B	C	D	E	F	G	H	Alt Val	Div	Rent	Int	Cap Gain	Exc Trust	Blind Trust	Other	NONE	I	II	III	IV	V	VI	VII	VIII	IX	(P), (S), (E)
Heinz, H.J. Co – Stock			X																									
Hercules, Inc – Stock			X																									
Ipalco Enterprises, Inc – Stock			X																									
Mobil Corp – Stock			X																									
Sonat, Inc – Stock			X																									
Southwestern Bell Corp – Stock			X																									
U.S. West, Inc – Stock			X																									
Fixed Income Fund – Mutual Fund			X																									
Irrevocable Trust DTD 08/27/68 M/B J.M. Castle, FBO M.N. Castle																												
Allocable Share of Trust Income Per K-1											X		X									X						
Assets With a Value Exceeding $1,000																												
Cash			X																									
Equity Fund – Mutual Fund					X																							P
Delaware Municipal Bond Fund – Mutual Fund					X																							P

Michael N. Castle
Attachment to Form A – 1993
Schedule IV – Transactions

Asset	Type Of Transaction	Date	Category Of Transaction
PURCHASES			
Flir Systems, Inc.	P	07/28/93	B
Foamex Intl, Inc	P	12/07/93	C
Harman Intl Inds, Inc New	P	10/25/93	C
Harris Corp Del	P	09/02/93	C
Intelligent Electronics, Inc	P	09/07/93	C
K L A Instruments Corp	P	12/10/93	C
LSI Logic Corp	P	09/02/93	B
La Quinta Inns, Inc	P	07/28/93	C
Lam Research Corp	P	12/20/93	C
Mitel Corp	P	09/13/93	B
Natural Alternatives New Intl, Inc	P	11/19/93	B
Patrick Industries, Inc	P	10/21/93	C
Rhodes, Inc New	P	12/29/93	B
Right Mgmt Consultants, Inc	P	09/23/93	B
River Oaks Furniture, Inc	P	11/09/93	B
Safetytek Corp	P	10/28/93	B
Score Board, Inc New	P	10/20/93	B
Tandycrafts, Inc	P	07/28/93	C
Adeptec, Inc	P	04/19/93	C
Alitrista Corp	P	04/06/93	B
Andrew Corp	P	05/20/93	C
Ball Corp	P	03/01/93	B
Banta Corp	P	05/20/93	C
Becton Dickinson & Co	P	05/20/93	C
Bergen Brunswig Class A	P	02/04/93	B
Coachmen Industries, Inc	P	08/02/93	C
Cone Mills Corp NC	P	07/12/93	C
Fourth Shift Corp	P	07/28/93	B
Fuller H.B. Co	P	02/10/93	C
Integrated Device Tech	P	09/09/93	C
Just Toys, Inc	P	07/28/93	B
Kemet Corp	P	09/23/93	B
Morrison Restaurants	P	05/20/93	C
Questar Corp	P	06/15/93	C
Shared Medical Systems Corp	P	06/15/93	C
Shiloh Industries, Inc	P	07/28/93	B
Valero Energy	P	02/04/93	C
Wallace Computer Service	P	04/19/93	C
Wellman, Inc.	P	03/01/93	B
Delaware Gen. Oblig. Bond	P	09/07/93	B
Delaware Gen. Oblig. Bond	P	09/07/93	B
Delaware Gen. Oblig. Bond	P	09/07/93	B
Brandywine Fund–Dividend Reinvestment	P	Various	B
Trust Asset – Equity Fund	P	10/07/93	C
Trust Asset – Delaware Muni Bond Fund	P	10/07/93	C
SALES			
See Attached Schedule	S		

JANNEY MONTGOMERY SCOTT INC 1993

JANNEY MONTGOMERY SCOTT INC
1801 MARKET STREET
PHILADELPHIA PA 19103-1675

ACCOUNT NUMBER : WH16 2084 3155
TAX ID NUMBER : 005-40-7295
MICHAEL N CASTLE

FEDERAL IDENTIFYING NUMBER: 23-0731260

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PROCEEDS FROM BROKER AND (REPLACES FORM 1099-B OMB NO. 1545-0715)
BARTER EXCHANGE TRANSACTIONS

DESCRIPTION	DATE	ACTIVITY	QUANTITY	PRICE	AMOUNT
ACUSON CORP CUSIP 005113105	03/01/93	SALE	900.00	12.8750	$11,392.64
ADAPTEC INC CUSIP 00651F108	07/16/93	SALE	700.00	22.7500	$15,828.88
ALEXANDER&BALDWIN INC CUSIP 014482103	04/14/93	SALE	1,000.00	23.7500	$23,457.41
ALLTRISTA CORP CUSIP 020040101	06/29/93	SALE	100.00	13.5000	$1,294.81
AMER GREETINGS CORP CL A CUSIP 026375105	04/19/93	SALE	300.00	52.7500	$15,626.80
AMER GREETINGS CORP CL A CUSIP 026375105	07/13/93	SALE	300.00	55.8750	$16,672.77
ANDREW CORP CUSIP 034425108	07/19/93	SALE	690.00	28.0000	$19,211.84
ASHLAND OIL INC CUSIP 044540102	07/19/93	SALE	1,100.00	26.7500	$29,276.73
AVNET INC CUSIP 053807103	07/19/93	SALE	500.00	32.8750	$16,342.30
BALL CORP CUSIP 058498106	07/19/93	SALE	400.00	28.7500	$11,421.61
BANTA CORP CUSIP 066821109	07/19/93	SALE	550.00	29.2500	$15,987.63
BECTON DICKINSON & CO CUSIP 075887109	07/19/93	SALE	430.00	37.6250	$16,075.91
BERGEN BRUNSWIG CLASS A CUSIP 083739102	07/16/93	SALE	700.00	17.8750	$12,427.14
BOEING CO CUSIP 097023105	06/29/93	SALE	200.00	37.6250	$7,405.91
COACHMEN INDUSTRIES INC CUSIP 189873102	10/05/93	SALE	2,100.00	14.0000	$29,129.45
CONE MILLS CORP NC CUSIP 206814105	07/19/93	SALE	940.00	16.6250	$15,523.83
DREYFUS CORP CUSIP 261885107	03/01/93	SALE	500.00	38.7500	$19,135.05
EDISON BROS STORES INC CUSIP 280875105	07/16/93	SALE	400.00	34.3750	$13,664.95
EDWARDS A G INC CUSIP: 281760108	07/16/93	SALE	1,100.00	25.8750	$28,317.43
FOURTH SHIFT CORP CUSIP. 351128103	09/27/93	SALE	1,100.00	6.5300	$7,066.09
FULLER H B CO CUSIP: 359694106	07/13/93	SALE	600.00	35.7500	$21,336.72
GIBSON GREETINGS INC CUSIP 374827103	02/04/93	SALE	900.00	19.6250	$17,421.59
IBP INC CUSIP: 449223106	04/19/93	SALE	1,050.00	18.5000	$19,154.07
IBP INC CUSIP: 449223106	07/19/93	SALE	500.00	20.0000	$9,936.19
IBP INC CUSIP: 449223106	07/19/93	SALE	350.00	20.1250	$7,000.91
INTEGRATED DEVICE TECH CUSIP. 458118106	12/03/93	SALE	900.00	13.0000	$11,559.62
JAMES RIVER CORP OF VA CUSIP: 470349101	01/07/93	SALE	800.00	18.3750	$14,484.02
JUST TOYS INC CUSIP: 482133105	11/09/93	SALE	400.00	12.0000	$4,717.09
KEMET CORP CUSIP: 488360108	12/14/93	SALE	700.00	13.7500	$9,501.28
LOTUS DEVELOPMENT CORP CUSIP: 545700106	04/07/93	SALE	1,300.00	26.5000	$34,076.95
MILLIPORE CORP CUSIP: 601073109	07/19/93	SALE	700.00	30.7500	$21,409.18

<<<< CONTINUED ON THE NEXT PAGE >>>>

JANNEY MONTGOMERY SCOTT INC 1993

JANNEY MONTGOMERY SCOTT INC
1801 MARKET STREET
PHILADELPHIA PA 19103-1675

FEDERAL IDENTIFYING NUMBER: 23-0731260

ACCOUNT NUMBER : WH16 2084 3155
TAX ID NUMBER : 005-40-7395
MICHAEL N CASTLE

THIS IS IMPORTANT TAX INFORMATION AND IS BEING FURNISHED TO THE INTERNAL REVENUE SERVICE. IF YOU ARE REQUIRED TO FILE A RETURN, A NEGLIGENCE PENALTY OR OTHER SANCTION MAY BE IMPOSED ON YOU IF THIS INCOME IS TAXABLE AND THE IRS DETERMINES THAT IT HAS NOT BEEN REPORTED.

PROCEEDS FROM BROKER AND (REPLACES FORM 1099-B. OMB NO. 1545-0715)
BARTER EXCHANGE TRANSACTIONS

DESCRIPTION	DATE	ACTIVITY	QUANTITY	PRICE	AMOUNT
<<<< CONTINUED FROM PREVIOUS PAGE >>>>					
MONSANTO COMPANY CUSIP: 611662107	07/19/93	SALE	400.00	58.7500	$23,382.05
MORRISON RESTAURANTS CUSIP: 618477103	07/19/93	SALE	530.00	31.7500	$16,722.72
QUESTAR CORP CUSIP: 748356102	07/19/93	SALE	500.00	34.7500	$17,276.70
RITE AID CORPORATION CUSIP: 767754104	05/27/93	SALE	1,400.00	18.1250	$25,054.44
SHARED MED SYS CORP CUSIP: 819486101	07/19/93	SALE	720.00	21.2500	$15,199.07
SHILOH INDUSTRIES INC CUSIP: 824543102	09/29/93	SALE	900.00	11.5000	$10,216.99
SPRINT CORP CUSIP: 852061100	04/19/93	SALE	700.00	32.5000	$22,475.32
SPRINT CORP CUSIP: 852061100	07/19/93	SALE	500.00	33.7500	$16,778.35
TULTEX CORP CUSIP: 899900104	07/16/93	SALE	2,800.00	8.8750	$24,690.11
VALERO ENERGY CUSIP: 919138107	07/19/93	SALE	1,000.00	23.6250	$23,497.51
VARIAN ASSOCIATES INC CUSIP: 922204102	07/16/93	SALE	600.00	52.0000	$31,054.02
WALLACE COMPUTER SERVICE CUSIP: 932270101	07/16/93	SALE	600.00	25.5000	$15,206.99
WELLMAN INC CUSIP: 949702104	07/16/93	SALE	700.00	20.1250	$13,996.93
WHEELABRATOR TECHNOLOGIE CUSIP: 962901302	02/04/93	SALE	1,600.00	20.0000	$31,624.75
WHIRLPOOL CORP CUSIP: 963320106	05/20/93	SALE	400.00	55.6250	$21,989.44
WHIRLPOOL CORP CUSIP: 963320106	07/16/93	SALE	300.00	57.6250	$17,195.47

IRS BOX	1099-B -- TOTALS FOR TAX YEAR 1993	
2	GROSS PROCEEDS LESS COMMISSIONS ON STOCK, BONDS, ETC	$822,218.56
4.	FEDERAL INCOME TAX WITHHELD	$0.00

Michael N. Castle
Attachment to Form A - 1993
Schedule VII

TRIP TO PHOENIX, ARIZONA

Friday, May 7
9:30 a.m. Leave Philadelphia

Friday, May 7
11:30 a.m. Arrive Phoenix

Sunday, May 9
1:15 p.m. Leave Phoenix

Sunday, May 9
8:48 p.m. Arrive Philadelphia

Funding source: Apparel Manufacturing Association

Trip was made with spouse. Purpose of the trip was to deliver an address on Saturday, May 10. Association paid for travel, room and meals.

TRIP TO ISRAEL

Monday, August 23
4:00 p.m. Leave New York

Tuesday, August 24
10:55 a.m. Arrive Tel Aviv

Monday, August 30
1:00 a.m. Leave Tel Aviv

Monday, August 30
5:30 a.m. Arrive New York

Funding source: American Israel Education Foundation

Trip was made with spouse. Purpose of the trip was for fact finding with other Members of Congress. All travel was in Israel. Foundation paid for travel, rooms and meals.

JUL -7 AM 9 20
HOUSE OF REPRESENTATIVES

MICHAEL N. CASTLE
2001 KENTMERE PLACE
WILMINGTON, DELAWARE 19806

June 28, 1994

1
JUL 01 1994
MC

To the Clerk of the House of Representatives
Office of Records and Registration
Room 1036
Longworth House Office Building
Washington, DC 20515

RE: Amendment to Financial Disclosure Statement for Calendar Year 1993

Ladies and Gentlemen:

I am sending this letter to notify you of an amendment to be made to my 1993 financial disclosure report under the prescribed method for doing so on Page 9 of the instructions relating to the "Filer Identification."

It has come to my attention that the financial statement disclosure report for 1993 does not include an annuity which I purchased during 1993. This annuity should be reported as follows on Schedule III:

ASSET SOURCE:

Block A - North American Security Life Insurance Company
Block B - Value of Asset: Category E
Block C - Type of Income: Dividends
Interest
Capital Gains

Block D - Amount of Income: None
Block E - Transaction: P

I am enclosing three copies of this letter as prescribed by the original filing of the financial disclosure report.

If you should need any further information on this matter, please do not hesitate to call.

Very truly yours,

Michael N. Castle

Michael N. Castle, Esquire
Member, United States House of Representatives
Delaware

Enclosures

RECEIVED
OFFICE OF RECORDS
1994 JUL 15 PM 1:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

MICHAEL N. CASTLE
2001 KENTMERE PLACE
WILMINGTON, DELAWARE 19806

July 13, 1994

To the Clerk of the House of Representatives
Office of Records and Registration
Room 1036
Longworth House Office Building
Washington, DC 20515

RE: Amendment to Financial Disclosure Statement for Calendar Year 1993

Ladies and Gentlemen:

I am sending this letter to notify you of an amendment to be made to my 1993 financial disclosure report under the prescribed method for doing so on Page 9 of the instructions relating to the "Filer Identification."

It has come to my attention that the financial statement disclosure report for 1993 does not include an annuity which I purchased during 1993. This annuity should be reported as follows on Schedule III:

ASSET SOURCE:

Block A - Oakmark International Fund
Block B - Value of Asset: Category C
Block C - Type of Income: Dividends
Interest
Capital Gains

Block D - Amount of Income: None
Block E - Transaction: P

I am enclosing three copies of this letter as prescribed by the original filing of the financial disclosure report.

If you should need any further information on this matter, please do not hesitate to call.

Very truly yours,

Michael N. Castle

Michael N. Castle, Esquire
Member, United States House of Representatives
Delaware

Enclosures

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILED
1994 MAY 16 AM 10: 37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

(10)

Tim Chapman
(Full Name)
2417 Rayburn House Office Building
(Mailing Address)
Washington D.C. 20515
Daytime Telephone (202) 225-3035

Filer Status	☒ Member of the U.S. House of Representatives	State Texas District 1st	☐ Officer or Employee	Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date	

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Tim Chapman

DATE (Month/Day/Year): May 13, 1994

Name Jim Chapman | Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	UST	Appearance	January 9, 1993	1,000.00
	Philip Morris	Speech + Panel	February 14, 1993	2,000.00
	Tyson Food	Speech + Panel	February 25, 1993	2,000.00
	American Petroleum Institute	Speech	June 13, 1993	2,000.00

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Jim Chapman | Page 4 of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categones, specify the type of income by writing a bnef description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
	Mobil Oil Corporation			X							Royalty								X								
	Exxon Corporation			X							Royalty								X								
	Sun Oil Corporation		X								Royalty							X									
	Freeport McMoRan		X								Royalty						X										
	Prudential Securities					X							X							X							
	Collon Consolidated Partners LP		X								X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Chapman

	Income Source	BLOCK B Year-End Value of Asset							BLOCK C Type of Income					BLOCK D Amount of Income								BLOCK E Transaction
			A	C	D	E	G									II	IV	V	VI		VIII	P, S, E
			$0 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$1,000,001 – $5,000,000		Dividends	Rent	Interest	Capital Gains	TRUST				$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	
	Sunshine Mining (stock)			X										X								
	Office Building, Church Street, Sulphur Springs TX				X					X								X				
	House, Church Street, Sulphur Springs, TX					X				X									X			
	Office Building, College Street, Sulphur Springs TX				X					X									X			
	Office Building, Jefferson Street, Sulphur Springs TX				X					X								X				
	Unimproved property, 10 acres, Hopkins County TX				X									X								
	Note Receivable - Collins			X							X	X					X					
	Note Receivable - Pokrud			X							X	X					X					
	Pure Texas (stock)		X											X								
	Texaco (stock)			X					X							X						
	Texas Energy (stock)		X											X								
	Consolidated Capital (ownership)		X											X								
S	Teacher Retirement System of Texas			X					employee retirement					X								
	Prudential Bache Securities		X						spouse – none					X								E
	Congressional Federal Credit Union			X							X							X				E
	Smith Barney Shearson (see) Shearson Lehman Brothers					X			X		X						X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jim Chapman

Page 6 of 10

Income Source	BLOCK A Year-End Value of Asset: A $1–$5,000	B	C $5,001–$50,000	D	E $50,001–$250,000	F	G $250,001–$1,000,000	H	BLOCK C Type of Income: I Dividends	J Interest	K Rents and Royalties	L Capital Gains	M Income Held in Trust	BLOCK D Amount of Income: I None	II $1–$1,000	III $1,001–$2,500	IV $2,501–$5,000	V $5,001–$15,000	VI $15,001–$50,000	VII $50,001–$100,000	VIII $100,001–$1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
Trust:																							
First American Bank (Sulphur Springs, TX)				X							X			X									
Merrill Lynch				X							X			X									
Putnam Money Market				X							X			X									
Hall, West Oak Circle, Sulphur Springs TX				X										X									
Prudential Bache				X							X			X									
Unimproved Real Estate, Hopkins Co. TX				X						X				X									
Hall, Miller, Virginia				X						X				X									
US Homes (note)			X								X			X									
Weatherford Finance Co. (note)			X								X			X									
various oil royalties			X								royalty			X									
Prudential Bache Partnership			X							X	X	X		X									
Various common stocks	X	X							X					X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Majority of Federal Loan Securities transferred to Congressional Federal Credit Union			X	3-4-93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	West American Bank, Sulphur Springs, Texas	Mortgage on building, Sulphur Spring, TX	X						
	City National Bank, Sulphur Springs, Texas	Mortgage on building, Sulphur Spring TX	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
UST		Jan. 8-10, 1993	Wash. DC - Boca Raton - Wash DC	Y	Y	Y - spouse	N
The Tobacco Institute		Jan. Feb. 13-16, 1993	Wash DC - Palm Springs - Wash DC	Y	Y	Y - spouse	N
Philip Morris		Feb. 13-16, 1993	Wash DC - West Palm Beach - Wash DC	Y	Y	Y - spouse	1 day - spouse
Tyson Food		Feb. 24-25, 1993	Wash DC - Fayetteville - Wash DC	Y	Y	N	N
Miami Chamber of Commerce		April 3-4, 1993	Wash DC - Miami - Ft Myers, FL	Y	Y	Y - spouse	N
Electronics Industries Association International Industrial Symposium on the Super Collider		April 4-8, 1993	Travel expenses not provided	Y	Y	Y - spouse	1 day
		May 7-10, 1993	Wash DC - San Francisco - Wash DC	Y	Y	Y - spouse	2 days
American Petroleum Institute		June 12-14, 1993	Travel expenses not provided	Y	Y	Y - spouse	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

MAY 12 7:46

William L. Clay

2306 Rayburn House Office (202) 225-2406

Washington, D.C. 20515

MC INSIDE MAIL (11)

Filer Status	X	Missouri FIRST		
Report Type	X			

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		XX
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: W. L. Clay

DATE: 5-9-94

Name	WILLIAM L. CLAY	Page 2 of 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Amistad-Warner Communications, Inc. New York, N.Y.	Book Royalties	12,623.00
	The Borgo Press - San Bernardino, Cal.	Book Royalties	139.00
			12,762.00

For payments to charity in lieu of honoraria, use Schedule II.

WILLIAM L. CLAY | 3 . 11

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
National Association of Postmasters United States, D.C.	Speech	Feb. 17, 1993	$500.00
Lane Tabernacle Church - St. Louis, Mo.	Speech	Feb. 27, 1993	$700.00
National League of Postmasters, D.C.	Speech	March 1, 1993	$1,000.00
Network of Association of Black Telecommunications- DC	Speech	March 25, 1993	$500.00
A-PLUS St. Louis Chapter, St. Louis Mo.	Speech	April 15, 1993	$1,000.00
St. Augustine College, Raliegh, N.C.	Speech	May 8, 1993	$1,000.00
Letter Carriers, Chicago, Il.	Speech	Dec. 6, 1993	$1,000.00
		TOTAL	$5,700.00

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Name WILLIAM L. CLAY | Page 4 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	Certificate of deposit Congressional Federal C.U.			X									X						X								
	Certificate of deposit Congressional Federal C.U.			X									X						X								
	Congressional Federal C.U. Savings Account			X									X								X						
	Congressional Federal C.U. Savings Account				X								X								X						
	Certificate of deposit Pulaski Savings			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

Page 5 of 11

P, SP, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 - $1,000	B [redacted]	C $15,001 - $50,000	D [redacted]	E $100,001 - $250,000	F [redacted]	G $500,001 - $1,000,000	H [redacted]	BLOCK C Type of Income: DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	BLOCK D Amount of Income: None	I [redacted]	II $201 - $1,000	III [redacted]	IV $2,501 - $5,000	V [redacted]	VI $15,001 - $50,000	VII [redacted]	VIII $100,001 - $1,000,000	IX [redacted]	BLOCK E Transaction: P, S, E
	American Express			X						X							X									
	Anheuser Busch				X						X							X								
	AT&T			X							X						X									
	Jones Medical Inc.			X							X						X									
	I.C. Whitman Corp.			X							X						X									
	Institution Mid-American			X							X						X									
	UNUM			X							X							X								
	Zerox			X							X						X									
	Schwarts Brothers			X							X						X									
	SCS Computer			X							X						X									
	Golden Isles, Ltd.				X									X		X										
	Pet, Inc.			X							X						X									
	Syms Corp.			X							X						X									
	A.G. Edwards			X							X						X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H	BLOCK C Type of Income: DIVIDENDS		INTEREST		EXCEPTED TRUST	TRUST	BLOCK D Amount of Income: None	I $201 – $1,000	II $1,001 – $2,500	III $2,501 – $5,000	IV $5,001 – $15,000	V $15,001 – $50,000	VI $50,001 – $100,000	VII $100,001 – $1,000,000	VIII	IX	BLOCK E Transaction: P, S, E
Union Electric		X							X							X									
Laclede Gas		X							X							X									
Edison Bros.		X							X							X									
Southwest Bell COrp.		X							X							X									
Missouri State Health (Bethesda)		X									X						X								
Missouri Health ¢ Education(Jewish)			X								X							X							
Missouri State Third Building		X									X						X								
Missouri State Environmental		X									X						X								
Missouri Housing		X									X						X								
Missouri State Health(Children)		X									X						X								
Mississippi Highway General		X									X						X								
IMIT		X									X						X								
IMIT		X									X						X								
Missouri PCR Assoc. Electric		X									X						X								
S.E. Missouri Correctional		X									X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM L. CLAY

Page 7 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IMIT		X										X						X								
	N.Y. State Mortgage Agency		X										X						X								
	N.Y. Dormitory Authority		X										X						X								
	Johnson & Johnson		X								X							X									
	Southwestern Bell		X								X							X									
	Southwestern Bell		X								X							X									
	Southwestern Bell		X								X							X									
	Southwestern Bell (split)		X								X							X									
	St. Louis School District		X										X					X									
	St. Louis Airport		X										X					X									
	Missouri State Health (Barnes)		X										X				X										
	Missouri Housing Dev. (Tabor)		X										X					X									

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Name WILLIAM L. CLAY | Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Certificate of Deposit-Congressional Federal C.U.		X		6/93	X						
	Johnson & Johnson Stock	X			8/93	X						
	Southwestern Bell	X			8/93	X						
	Southwestern Bell	X			11/93	X						
	Missouri State Housing		X		12/93	X						
	Missouri State Health	X			11/93	X						
	Kansas City School District	X			12/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. **Exclude:** Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Name WILLIAM L. CLAY | Page 10 of 11

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
New York Marathon		11/93 -12/93	New York City, N.Y	Y	Y	wife	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	W.E. B. Dubois Foundation
Trustee	Congressional Black Caucus Foundation
Trustee	Tougaloo College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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WILLIAM L. CLAY
(Full Name)

2306 RAYBURN HOUSE OFFICE BUILDING (202) 225-2406
(Mailing Address) Daytime Telephone

WASHINGTON, D.C.

MC MAY 23 1994
(Office Use Only) 3

Filer Status	[X] Member of the U.S. House of Representatives	State Missouri District: First	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, page 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL WLC

DATE (Month/Day/Year) 5-23-94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William L. Clay

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	[redacted]	A $1 - $1,000	B [redacted]	C $15,001 - $50,000	D [redacted]	E $100,001 - $250,000	F [redacted]	G $500,001 - $1,000,000	H [redacted]	DIVIDENDS	[redacted]	INTEREST	[redacted]	EXCEPTED TRUST	[redacted]	None	I [redacted]	II $201 - $1,000	III [redacted]	IV $2,501 - $5,000	V [redacted]	VI $15,001 - $50,000	VII [redacted]	VIII $100,001 - $1,000,000	IX [redacted]	P, S, E
Kansas City School District			X							X						X										

This page may be copied if more space is required.

Name William L. Clay | Page 8 of 11

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock				10–12–93		X					
	Southwestern Bell	X			5/93	X						

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

'94 MAY 19 PM 2 18

MAY 16 1994

MC (Office Use Only)

(8)

EVA M. CLAYTON (Full Name)

59 RIVER ROAD (Mailing Address)

LITTLETON, NC 27850

Daytime Telephone: (202) 225-3101

Filer Status	[X] Member of the U.S. House of Representatives	State District: NC FIRST	[ ] Officer or Employee	Employing Office	Termination Date
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Eva M. Clayton

DATE (Month/Day/Year): 5/13/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	THEAOSEUS T. CLAYTON, P.A.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization **in lieu of an** honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official **Conduct.** An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Fayetteville Business & Professional League	Speech	March 3, 1993	$1,000
	Winston-Salem NAACP	Speech	April 22, 1993	$1,000
	North Carolina Minority Business Council	Speech	May 18, 1993	$ 500
	Mecklenburg Women's Commission	Speech	August 23, 1993	$ 500

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Name EVA M. CLAYTON

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples:	SP	Mega Corp. Stock			X						X								X								P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
JT	307 West Franklin Street Warrenton, NC 27589					X							X								X							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name EVA M. CLAYTON

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	N O N E												

This page may be copied if more space is required.

Name	EVA M. CLAYTON	Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time during*** the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

Creditor	Type of Liability	Amount of Liability						
		B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Excludes: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Korea-America Friendship Society	Aug. 8-13	Raleigh, NC-New York-Seoul, Korea	Y	Y	Y	N

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Name	EVA M. CLAYTON	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

94 JUN -8 AM 8 05
OFFICE
JUN -2 1994

EVA M. CLAYTON
59 River Road
Littleton, North Carolina 27850

May 27, 1994

1

MC

Honorable Donnald K. Anderson, Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515

Re: Financial Disclosure Statement for Calendar Year 1993

Dear Mr. Anderson:

This is to amend Financial Disclosure Statement for Calendar Year 1993 by adding and/or completing the following schedules:

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

***Lincoln-Nebraska**	**$1,001 - $15,000**	**Annuity**	**NA**

SCHEDULE VII - FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

***Korea-America Friendship Society**	**Aug. 8-13**	**Raleigh, NC-New York-Seoul, Korea-Raleigh, NC**

Thank you for bringing these matters to my attention.

Very truly yours,

Eva M Clayton

Eva M. Clayton

EMC:h

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

FILING FEES ... 5
RECEIPT
1994 MAY 13 PM 2:51
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC (Office Use Only)

14

ROBERT (BOB) N. CLEMENT
(Full Name)

1230 LONGWORTH HOUSE OFFICE BUILDING (202) 225-4311
(Mailing Address) (Telephone Number)

WASHINGTON, DC 20515

Filer Status	[X] Member of the U.S. House of Representatives	State District TN 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

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SIGNATURE OF REPORTING INDIVIDUAL Robert (Bob) N. Clement **DATE** (Month/Day/Year) May 13, 1994

Name	Page
ROBERT (BOB) N. CLEMENT	2 of 14

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	FAIRFAX COUNTY SCHOOLS	SPOUSE SALARY	$362.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash , D C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug 13, 1993	$500
	THE TOBACCO INSTITUTE	SPEAKING EVENT	JAN.13-15,'93	$2,000
	SMOKELESS TOBACCO COUNCIL, INC.	EVENT CELEBRITY CHARITY	MAY 24, '93	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name ROBERT (BOB) N. CLEMENT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X														
	NOTE RECEIVABLE, GREG MORTON				X								X								X						
	DICKSON FINANCIAL CORP STOCK DICKSON, TN			X							X								X								
	25 ACRES FARMLAND WILSON COUNTY, TN					X											X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
RENTED PERSONAL RESIDENCE 4420 E. BROOKFIELD, NASHVILLE						X					X										X					
RSC INV REAL ESTATE HOLDINGS HWY 46, DICKSON, TN, 9% PARTNERSHIP INTEREST				X							X						X									
												X					X									
FORREST HILLS DEVELOPMENT, REAL ESTATE HELD FOR INV., HWY 70, DICKSON, TN 6 2/3% PARTNERSHIP INTEREST												X					X									
			X								X						X									
MAYBELLE G. CLEMENT INVESTMENTS DICKSON, TN, 1/9 PARTNERSHIP INTEREST				X							X						X									
												X					X									
CROSS PLAINS PARTNERSHIP, 6.7% INTEREST, 11 ACRES, REAL ESTATE, CROSS PLAINS, TN	X									Sect. 1231 Gain																S
												X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	FRANKLIN NAT'L BANK STOCK FRANKLIN, TN			X													X										
	CHARTER EQUITIES, P.O. BOX 831 MURFREESBORO, TN, REAL ESTATE SYND BUS., 1/3 PARTNERSHIP INTEREST		X									X					X*			X**							
													X					X									
	NORMANDY CHATEAU, RESIDENTIAL RENTAL APTS., 1506 HIGHLAND DR. KNOXVILLE, TN 6.6% PARTNERSHIP INTEREST			X								X					X*						X**				
														X					X								
	RIDGEVIEW APTS., RESIDENTIAL RENTAL, ROUTE 2, JEFFERSON CITY TN, 25% PARTNERSHIP INTEREST				X						X		X				X*			X			X**				
	ROBINSON PROPERTY II, 23 ACRES LOCATED ON PELLISSIPPI PKWY., KNOXVILLE, TN 7% PARTNERSHIP INTEREST				X												X										

*NET **GROSS

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

Page 7 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	COMMERCIAL RENTAL BLDG., TRANSOUTH, 505 BROAD ST., ELIZABETHTON, TN, 1/2 INTEREST				X							X					X*		X**							
	DICKSON COUNTY FARM, 69 ACRES DICKSON CO, TN	X												X									X				S
	FIRST AMERICAN SAVINGS ACCT NASHVILLE, TN			X									X					X									
	First Union Nat'l Bank, VA (formerly Dominion Bank, VA)			X									X						X								
	TEACHERS INS & ANNUITY ASSN COLLEGE RETIREMENT FUND: REGULAR					X																					
	SUPPLEMENTAL				X																						
	STATE OF TN RETIREMENT				X																						

*NET **GROSS

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA'S:																										
	TN TEACHERS CREDIT UNION			X							X							X									
	J.C. BRADFORD & CO:BANK OF NASHVILLE STOCK			X													X										
	MERRILL LYNCH:																										
	MORGAN STANLEY			X									X						X								
	DOLLAR GENERAL STORE				X						X							X									
	ENGRAPH STOCK	X																				X					S
	EATON VANCE PRIME TRUST		X								X						X										
	M/LYNCH RETIREMENT RESERVE				X						X							X									
	WILSON BANK & TRUST			X							X						X										
	HEALTH TRUST			X							X						X										
	REPUBLIC AUTO PARTS			X							X						X										
S	ENGRAPH	X																				X					S
S	M/LYNCH RETIREMENT RESERVE			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name ROBERT (BOB) N. CLEMENT

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA'S: MERRILL LYNCH CONTINUED																										
S	HOME DEPOT			X							X							X									P
DC	PRUDENTIAL BACHE SECURITIES			X							X								X								
	WRIGHT PATMAN CREDIT UNION , DC				X								X							X							
	HEALTH CARE PRODUCTS, NASHVILLE INVESTMENT			X													X										P
	Steve Hall, Nashville, TN Account Receivable	X											X						X								

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Name ROBERT (BOB) N. CLEMENT

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	ENGRAPH - IRA		X		10-20-93	X						
SP	ENGRAPH - IRA		X		10-20-93	X						
SP	HOME DEPOT - IRA	X			3-9-93 11-1-93	X						
JT	HEALTH CARE PRODUCTS, NASHVILLE, TN	X			11-15-93	X						
	CROSS PLAINS PARTNERSHIP, CROSS PLAINS, TN		X		3-26-93	X						
	DICKSON COUNTY FARM, 69 ACRES, DICKSON, TN		X		3-27-93			X				

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	THE KISSELL COMPANY, SPRINGFIELD, OHIO	MORTGAGE ON RENTAL RESIDENCE NASHVILLE, TN		X					
	FEDERAL LAND BANK, LOUISVILLE, KY	MORTGAGE ON 25 ACRE FARM WILSON CO, TN		X					
	FIRST AMERICAN BANK, NASHVILLE, TN	HOME EQUITY LINE OF CREDIT 4420 E BROOKFIELD, NASHVILLE		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE TOBACCO INSTITUTE	JAN 13-16	DC-PALM SPRINGS, CA / LOS ANGELES, CA-DC PALM SPRINGS, CA-	Y	Y	Y	N
	NAT'L ASSOC MUSIC MERCHANTS	JAN16-17	ANAHEIM, CA	Y	Y	Y	N
	LOS ANGELES HOST COMM.	NOV 28-DEC 2	DC-L.A.-DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	ROBINSON PROPERTY II LTD
PARTNER	CHARTER EQUITIES
PARTNER	NORMANDY CHATEAU
PARTNER	RIDGEVIEW APARTMENTS
PARTNER	RSC INVESTMENTS
PARTNER	FORREST HILLS DEVELOPMENT - CONTINUED ON NEXT PAGE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
PARTNER	MAYBELLE G. CLEMENT INVESTMENTS
BOARD MEMBER	BOARD OF TRUST, CUMBERLAND UNIVERSITY
PARTNER	CROSS PLAINS PARTNERSHIP

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 - 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 9:54

(Office Use Only)

WILLIAM FLOYD CLINGER
(Full Name)

ROOM 2160 RAYBURN HOB WASHINGTON, D.C. 20515 202/225-5121
(Mailing Address) (Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State PENNSYLVANIA District FIFTH	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [X]	No [ ]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William F. Clinger

DATE (Month/Day/Year) MAY 16, 1994

Name	WILLIAM FLOYD CLINGER	Page 2 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	THE BROOKINGS INSTITUTION	SPEECH	October 18, 1993	$400.00

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Name WILLIAM FLOYD CLINGER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP	Mega Corp. Stock				X						X								X									P
		123 Main St., Dover, Del.							X				X										X						
		1st Bank of Peoria, IL accounts					X							X							X								
SP		ALLIANCE FUND				X						X			X							X							
																						X							
		AMERICAN ELECTRIC POWER			X							X							X										
SP		AMERICAN TELEPHONE & TELEGRAPH				X						X									X								
		AMERICAN TELEPHONE & TELEGRAPH			X							X							X										
SP		AMERITECH			X							X									X								
SP		BELL ATLANTIC			X							X									X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM FLOYD CLINGLE

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	BELL SOUTH			X							X							X									
SP	BELL SOUTH			X							X									X							
SP	BLAIR CORPORATION							X			X												X				
	BLAIR CORPORATION						X				X											X					
SP	BORDEN, INC.			X							X									X							
SP	BRISTOL MYERS SQUIBB				X						X											X					
	CBS, INC.			X							X							X									
	CHASE MANHATTAN CORP.			X							X							X									
	CHRYSLER CORP.			X							X							X									
SP	CMA TAX EXEMPT FUND				X						X										X						
	CMA TAX EXEMPT FUND						X				X										X						
	COMERICA, INC.			X							X								X								
	CORTLAND GENERAL MONEY MARKET FUND			X							X								X								
	DEAN WITTER, DISCOVER CO.			X							X							X									E
SP	DREYFUS WORLDWIDE FUND				X						X									X							P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM FLOYD CLINGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	I Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	X Over $1,000,000	BLOCK E Transaction P, S, E
SP	EASTMAN KODAK CO.				X						X							X									
	EASTMAN KODAK CO.			X							X								X								
	EATON CORP.			X							X								X								
	EXXON CORP.					X					X										X						
	FISHER COS. INC.						X				X										X						
	GENERAL ELECTRIC					X					X									X							
SP	GENERAL ELECTRIC						X				X											X					
SP	GENERAL MOTORS CORP.				X						X								X								
SP	GERMANY FUND			X							X							X									P
SP	IBM CORP.					X					X										X						
	IBM CORP.			X							X							X									
	INTEGRA FINANCIAL CORP.			X							X								X								
SP	JC PENNEY CO.				X						X											X					
SP	JOHNSON & JOHNSON				X						X											X					
SP	MAY DEPARTMENT STORES					X					X											X					

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM FLOYD CLINGER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	MEDRAD, INC.			X													X										
	MINNESOTA, MINING & MANUFACTURING			X							X							X									
SP	MINNESOTA, MINING & MANUFACTURING					X					X										X						
	MOTOROLA, INC.				X						X						X										P
SP	NYNEX			X							X								X								
SP	PACIFIC TELESIS			X							X								X								
	PACIFIC TELESIS			X							X							X									
	PENNSYLVANIA POWER & LIGHT			X							X							X									
SP	PEPSICO, INC.				X						X										X						
SP	PETROLEUM & RESOURCES CORP.			X							X			X					X	X							
	PFIZER, INC.				X						X								X								
SP	PHILADELPHIA ELECTRIC CO.				X						X									X							
	PNC FINANCIAL			X							X								X								
SP	POLAROID CORP.				X						X								X								
SP	QUAKER STATE OIL				X						X									X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name WILLIAM FLOYD CLINGER

Page 7 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	$1,001 – $15,000	C $15,001 – $50,000	$50,001 – $100,000	E $100,001 – $250,000	$250,001 – $500,000	G $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	BLOCK D Amount of Income: I None	$1 – $200	II $201 – $1,000	$1,001 – $2,500	IV $2,501 – $5,000	$5,001 – $15,000	VI $15,001 – $50,000	$50,001 – $100,000	VIII $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	SCOTT PAPER CO.			X							X							X									
	SEARS ROEBUCK & CO.			X							X								X								
SP	SKYLINE CORP.			X							X								X								
	SOUTHERN CO.			X							X								X								
SP	SOUTHWESTERN BELL CORP.			X							X									X							
SP	US WEST			X							X								X								
	WARNER LAMBERT CO.			X							X								X								
SP	WESTINGHOUSE ELECTRIC CORP.			X							X									X							
	WEYERHAEUSER CO.				X						X								X								
SP	XEROX CORP.				X						X								X								
	LA CENTRAL NET PROFITS UNITS			X								ROYALTY								X							
	KANSAS CITY SINGLE FAMILY MORTGAGE REVENUE BOND			X									X						X								
	WESTMORELAND COUNTY INDUSTRIAL DEVELOPMENT AUTHORITY BOND			X									X						X								
	LILLA MAY H. CLINGER TRUST B	(TRUST ASSETS UNKNOWN - SEE PAGE 1)																				X					
	WILLIAM FLOYD CLINGER TRUST B	(TRUST ASSETS UNKNOWN - SEE PAGE 1)																				X					

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SCHEDULE IV — TRANSACTIONS

Name WILLIAM FLOYD CLINGER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	DEAN WITTER, DISCOVER & CO. (spin-off of Dean Witter from Sears Roebuck & Co.)			X	6/28/94	X						
SP	DREYFUS WORLDWIDE FUND	X			5/12/93		X					
SP	GERMANY FUND, INC.	X			3/26/93	X						
	MOTOROLA, INC.	X			10/12/93		X					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AM. ASSOC. OF AIRPORT EXECUTIVES & AIRPORTS COUNCIL INTERNATIONAL	Jan. 9-17	Wash., D.C.-Maui, Hawaii-Wash., D.C.	Y	Y	Y	3 days
	FEDERATION OF TURKISH AMERICAN ASSOCIATION, INC.	Aug. 14-24	Wash., D.C.-Istanbul, Turkey Wash., D.C.	Y	Y	Y	2 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I

Position	Name of Organization
Chairman, Board of Directors	Ripon Education Fund, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO: 1994 — 376-994 (rev.)

Use additional sheets if more space is required.

WILLIAM F. CLINGER, JR.
5TH DISTRICT, PENNSYLVANIA

WASHINGTON OFFICE
2160 RAYBURN BUILDING
(202) 225-5121

DISTRICT OFFICES
SUITE 116
315 S. ALLEN STREET
STATE COLLEGE, PA 16801
(814) 238-1776

605 INTEGRA BANK BUILDING
WARREN, PA 16365
(814) 726-3910

Congress of the United States
House of Representatives
Washington, DC 20515-3805

COMMITTEES
GOVERNMENT OPERATIONS
RANKING REPUBLICAN MEMBER
PUBLIC WORKS AND TRANSPORTATION

SUBCOMMITTEE ON AVIATION
RANKING REPUBLICAN MEMBER
SUBCOMMITTEE ON WATER RESOURCES
SUBCOMMITTEE ON SURFACE TRANSPORTATION

ASSISTANT REGIONAL WHIP

HAND DELIVERED

June 24, 1994

RECEIVED
1994 JUN 24 AM 9:20
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

1
MC

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Office of Records and Registration
Room 1036 Longworth HOB
Washington, D.C. 20515

Dear Donn:

It has come to my attention that my Financial Disclosure statement for calendar year 1992 did not report the capital gains for securities sold on June 4 and 8, 1992 as required in Schedule III, Block C and reported in Schedule IV.

I realized capital gains on the following securities:

		Amount of Income
Blair Corporation	(partial sale)	V
Citicorp	(all assets sold)	III
General Motors Corp.	(all assets sold)	III
Halliburton Corp.	(all assets sold)	IV

I took losses on the following securities:

Gulf USA Corp.	(all assets sold)
PNC Financial Corp.	(partial sale)
Welkom Gold Holdings Ltd.	(all assets sold)

Thank you for your attention to this amendment to my 1992 Financial Disclosure statement. Please contact Nancy Scott of my staff at 225-5121 if additional information is required.

Sincerely,

Bill Clinger

WILLIAM F. CLINGER
MEMBER OF CONGRESS

WFC/ns

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY 20 PM 11:05

James E. Clyburn
(Full Name)

1703 Gervais Street
(Mailing Address)

(803) 799-1100
Daytime Telephone

Columbia, South Carolina 29201

MC MAY 1[illegible] 1994
(Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives	State S.C. District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: James E. Clyburn

DATE (Month/Day/Year): May 14, 1994

Name James E. Clyburn	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
South Carolina Retirement System (This income is not subject to the outside earned income limit)	Retirement from the state of S.C.	$48,445
U.S. Department of Veterans Affairs	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Springfield Baptist Church, Greenville, SC	Speech	2-4-93	$ 61.03
	Antioch Baptist Church, Columbia, SC	Speech	2-8-93	100.00
	Union Baptist Church, Columbia, SC	Speech	4-16-93	250.00
	Moncks Corner NAACP, Moncks Corner, SC	Speech	5-3-93	200.00
	Hilton Head Chapter NAACP, Hilton Head, SC	Speech	11-3-93	300.00
	Knoxville College, Knoxville, TN	Speech	11-19-93	200.00
	New Enoree Baptist Church, Newberry, SC	Speech	11-27-93	100.00
	Delta Rho Chapter of the Omega Psi Phi Fraternity Kingstree, SC	Speech	11-28-93	100.00
	The Tobacco Institute, Washington, DC	Speech	5-13-93	2,000.00
	The Food Marketing Institute, Washington, DC	Speech	9-24-93	1,000.00
	Delta Sigma Theta Sorority, Georgetown, SC	Speech	5-2-93	200.00
	Gill Creek Baptist Church, Columbia, SC	Speech	12-19-93	100.00

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Honoraria Made to Charity
James E. Clyburn

Source	Activity	Date	Amount	Charity
1. Springfield Baptist Church Greenville, SC	Speech	2- 4-93	$ 61.03	The James R. Clark Sickle Cell Memorial Foundation, Cola., SC
2. Antioch Baptist Church Columbia, SC	Speech	2- 8-93	100.00	The James R. Clark Sickle Cell Memorial Foundation, Cola., SC
3. Union Baptist Church Columbia, SC	Speech	4-16-93	250.00	The James R. Clark Sickle Cell Memorial Foundation, Cola., SC
4. Moncks Corner NAACP Moncks Corner, SC	Speech	5-13-93	200.00	The James R. Clark Sickle Cell Memorial Foundation, Cola., SC
5. Hilton Head Chapter NAACP Hilton Head, SC	Speech	11- 3-93	300.00	The James E. Clyburn Scholarship & Research Foundation, Cola.,SC
6. New Enoree Baptist Church Newberry, SC	Speech	11-27-93	100.00	The James E. Clyburn Scholarship & Research Foundation, Cola.,SC
7. Knoxville College Knoxville, TN	Speech	11-19-93	200.00	The James E. Clyburn Scholarship & Research Foundation, Cola., SC
8. Delta Rho Chapter of Omega Psi Phi Fraternity, Inc. Kingstree, SC	Speech	11-28-93	100.00	The James E. Clyburn Scholarship & Research Foundation, Cola., SC
9. The Tobacco Institute Washington, DC	Speech	5-12-93	2,000.00	The James E. Clyburn Scholarship & Research Foundation, Cola., SC
10. The Food Marketing Institute Washington, DC	Speech	9-24-93	1,000.00	The James E. Clyburn Scholarship & Research Foundation, Cola., SC
11. Delta Sigma Theta Sorority Georgetown, SC	Speech	5-2-93	200.00	Emanuel A.M.E. Church Columbia, SC
12. Gill Creek Baptist Church Columbia, SC	Speech	12-19-93	100.00	The James E. Clyburn Scholarship & Research Foundation, Cola., SC

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name James E. Clyburn | Page of

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT (Examples: SP)	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Ft. Jackson FCU				X								X						X								
	SC State Credit Union			X									X					X									
	NationsBank			X									X					X									
	SCANA Corporation			X							X								X								
	Automated Data Processing, Inc			X							X							X									
	NationsBank			X								X						X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James E. Clyburn

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	417 & 419 Juniper Street Columbia, SC				X							X									X						
	9 Dunbar Street Myrtle Beach, SC				X							X					X										
	645-47 W. Liberty Street Sumter, SC 50% Ownership					X						X									X						
	Clyburn for Congress Note Receivable			X							Note Repayment											X					
	Santee Cooper Electric Co-op Moncks Corner, SC		N/A								Waterline Easement								X								
	NationsBank Columbia, SC				X						NA-IRA							NA-IRA									
	Merrill Lynch Columbia, SC			X							NA-SEP							NA-SEP									

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Name	Page of
James E. Clyburn	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	MLA, Inc. Lakeview, OH	Mortgage on 417 Juniper St., Columbia, SC		X					
	Countrywide Funding, Van Nuys, CA	Mortgage on 9 Dunbar St., Myrtle Beach, SC		X					
	NBSC, Columbia, SC	Mortgage on (50% interest) 645-47 W. Liberty St. Sumter, SC			X				
	NBSC, Columbia, SC	Campaign Note		X					
	NationsBank, Columbia, SC	Campaign Note	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Cecil J. Williams Orangeburg, SC	Framed Picture of Thurgood Marshall	$250.00

Use additional sheets if more space is required.

Name	James E. Clyburn	Page	of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Assn. of Human Rights Workers	Feb. 11-12	Cola., SC - Lansing, MI - Cola., SC	Y	Y	N	N
	S.C. Tobacco Industry	Feb. 25-26	Wash., DC - Hilton Head, SC-Cola, SC	Y	Y	N	N
	Far East Studies Institute	Apr.4-10	Wash.,DC-LA-Taipei-LA Wash., DC	Y	Y	Y	Y
	National Assn. of Human Rights Workers	May 12	Greensboro, NC-Balt,MD Wash,DC	N	N	N	N
	National Assn. of Human Rights Workers	May 14	Wash, DC-Chicago, IL Cola,SC	N	N	N	N
	U.S. Assn. of Former Members of Congress	May 31-June 6	Wash.,DC-Frankfurt,Germany Wash.,DC	Y	Y	Y	N
	Congressional Black Caucus Foundation	June 24-27	Wash,DC-Nashville, TN LA- Wash., DC	Y	Y	Y	N
	National United Way Board	July 26-27	Wash.,DC-Asheville, NC -Wash.,DC	Y	Y	N	N
	Municipal Assn. of S.C.	July 22-23	Wash.,DC-Hilton Head-Cola., SC	Y	Y	N	N
	Far East Studies Institute	Aug.10-26	Wash.,DC-Tokyo, Japan-Beijing, China-Cola,SC	Y	Y	N	N
	S.C. Assn. of Counties	Aug.6-7	Wash.,DC-Cola.,SC-Hilton Head, SC	Y	Y	N	N
	National Assn. of Human Rights Workers	Oct.161-17	Cola,SC-Raleigh, NC-Cola, SC	Y	Y	N	N
	Knoxville College,Knoxville TN	Nov. 11	Wash.,DC-Knoxville-Orangeburg, SC	Y	Y	N	N

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Name	James E. Clyburn	Page	of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Publisher Emeritus	Coastal Times, Inc.
Board Member	Wofford College
Board Member	Richland Memorial Cancer Treatment and Research Center

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

JAMES E. CLYBURN
6TH DISTRICT, SOUTH CAROLINA

EXECUTIVE COMMITTEE
CONGRESSIONAL RURAL CAUCUS

MAJORITY ZONE WHIP

PRESIDENT
FRESHMAN DEMOCRATIC CAUCUS

INSIDE MAIL

Congress of the United States
House of Representatives
Washington, D.C. 20515-4006

COMMITTEES
PUBLIC WORKS AND TRANSPORTATION
SURFACE TRANSPORTATION
ECONOMIC DEVELOPMENT
PUBLIC BUILDINGS AND GROUNDS

VETERANS' AFFAIRS
EDUCATION, TRAINING AND EMPLOYMENT
OVERSIGHT AND INVESTIGATIONS

RECEIVED

(2)

MC

June 10, 1994

Mr. Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longsworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

This is a Statement of Amendment to my Financial Disclosure Statement for Calendar Year 1993.

Schedule III - Assets and "Unearned" Income

1. Listed rental property address at 9 Dunbar Street, Myrtle Beach, South Carolina is the same listed as rental property at 1414 Dunbar Street, Myrtle Beach, South Carolina on my 1992 Financial Disclosure Statement. The correct address of the property is:

   1414 Dunbar Street, Unit 9
   Myrtle Beach, South Carolina 29577

2. My ownership interest in 645-47 West Liberty Street, Sumter, South Carolina changed from 25% in 1992 to 50% effective May 18, 1993. My Schedule IV, Transactions page for 1993 is enclosed. Although we have a handwritten draft, the final copy seems to have been omitted from my original Financial Disclosure Statement for 1993.

3. Listed rental property addressed at 16 Darlington Avenue, Charleston, South Caroling as shown on my 1992 Financial Disclosure Statement, ceased being used as rental property at the end of Calendar Year 1992. There was no rental income derived in 1993.

Thank you for making these corrections to my records.

With kind regards, I remain

Sincerely,

James E. Clyburn
Member of Congress

315 CANNON HOUSE OFFICE BUILDING
WASHINGTON, D.C. 20515-4006
(202) 225-3315
(202) 225-2313 FAX

1703 GERVAIS STREET
COLUMBIA, SC 29201
(803) 799-1100
(803) 799-9060 FAX

181 EAST EVANS STREET
FLORENCE, SC 29506
(803) 662-1212
(803) 662-8474 FAX

4900 LACROSSE ROAD
NORTH CHARLESTON, SC 29418
(803) 747-9660
(803) 744-2715 FAX

401 LONGSTREET
KINGSTREE, SC 29556
(803) 354-7484
(803) 354-3004 FAX

437 AMELIA STREET
ORANGEBURG, SC 29115
(803) 533-1000
1ST & 3RD MONDAYS

21 NORTH MAIN STREET
SUMTER, SC 29150
(803) 773-3371, EXT. 271
2ND & 4TH MONDAYS

SCHEDULE IV — TRANSACTIONS

Name James E. Clyburn | Page of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	[illegible]	C $15,001–$50,000	[illegible]	E $100,001–$250,000	[illegible]	G $500,001–$1,000,000	[illegible]
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Assumed an additional 25% interest in Rental Real Property 645-47 West Liberty Street, Sumter, SC from a sibling.	X			05-18-93		X					

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:56

HAND DELIVERED

(Office Use Only)

John Howard Coble
(Full Name)

5741-L Bramblegate Road
(Mailing Address)

Greensboro, North Carolina 27409

Daytime Telephone (202) 225-3065

Filer Status	[X] Member of the U S House of Representatives	State North Carolina District 06	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Howard Coble

DATE (Month/Day/Year): 5-16-94

632

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D C	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1993	$500
U.S. Tobacco Corporation, Greenwich, CT	Speech	January 8, 1993	$1,000
Davidson Electric Membership Corporation, Lexington, NC	Speech	April 8, 1993	$200
National Grocers Association, Washington, DC	Appearance at D.C. reception	June 22, 1993	Order of Groceries
National Cable Television Association, Washington, DC	Speech	July 8, 1993	$1,500

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Name John Howard Coble | Page 3 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Mega Corp. Stock			X							X							X									P
DC	123 Main St., Dover, Del.						X					X									X						
JT	1st Bank of Peoria, IL accounts				X								X							X							
	Adia Services Common Stock		X								X							X									
	Food Lion Common Stock		X								X							X									
	Wal Mart Common Stock		X								X							X									
	RJR Nabisco Common Stock		X								X							X									
	Toys R Us Common Stock		X								X							X									
	Forum Group Common Stock	X									X							X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	TRUST NOT BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Ryan's Steak House Common Stock			X							X							X									
1 acre + dwelling, Blowing Rock, NC					X																					
78 acre farm Henry Co., VA (½int.)					X																					
U Filler Up, Inc. stock certificate		X								X							X									
Southeastern S&L stock certificate		X								X							X									
First Union National Bank-checking			X									X					X									
State Employees Credit U.-savings				X								X						X								
CCB-savings (formerly 1st Home FedS&L)			X									X					X									
CCB-checking (formerly 1st Home FedS&L)			X									X					X									
BB&T Savings Bank-savings					X							X								X						
Wright Patman Fed. Credit U.-savings					X							X							X							
Bank of North Carolina-stock cert.			X							X							X									
Merrill Lynch Cash Management Acct.				X								X						X								
Merrill Lynch Ind. Retirement Acct. (this IRA contains Food Lion stock with Value of B; RJR Nabisco stock with value of B; plus cash with a value of B.)			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Howard Coble

BLOCK A Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E Transaction
		A $1 - $1,000	B	C $15,001 - $50,000	D	E $100,001 - $250,000	F	G $500,001 - $1,000,000	H	DIVIDENDS		INTEREST		EXCEPTED TRUST	None	I	II $201 - $1,000	III	IV $2,501 - $5,000	V	VI $15,001 - $50,000	VII	VIII $100,001 - $1,000,000	IX	P, S, E
NationsBank-checking			X									X				X									P
Jefferson-Pilot Life Insurance Annuity			X																						
SMA Life Insurance Annuity			X																						
Wachovia Hospital Bond			X							X							X								P

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SCHEDULE IV — TRANSACTIONS

Name John Howard Coble

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10-12-93		X					
	NationsBank checking (opened in 92; will amend 92 form)	X			4-3-92	X						
	Forum Group common stock (sold in 91; will amend 91 form; should not be listed as asset in 92 or 93)		X		6-3-91	X						
	Wachovia Hospital Bond (bought in 92; will amend 92 form	X			1-27-92	X						

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Name	John Howard Coble	Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	U.S. Tobacco Corporation	Jan.8-10	Washington, DC to Boca Raton, Fl to Greensboro,NC	Y	Y	N	N
	The Tobacco Institute	Jan.13-16	Greensboro, NC to Palm Springs, CA to Raleigh, NC	Y	Y	N	N
	The Congressional Institute, Inc	Feb.26-28	Washington, DC to Princeton NJ to Washington, DC	Y	Y	N	N
	Rep. Bill Zeliff's GOP Hearing	Mar.5-8	Washington, DC to Manchester NH to Washington, DC	Y	Y	N	Y Paid for own air fare-roundtrip
	Philip Morris Companies	May 16-17	Washington, DC to Charlotte NC to Washington, DC	Y	Y	N	N
	National Cable Television Assoc.	June 5-7	Greensboro, NC to San Francisco, CA to Washington,DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member	Board of Associates, Greensboro College, Greensboro, NC
Member	National Commission on the Future of High Point University, High Point, NC
Member	Board of Visitors, Guilford College, Greensboro, NC
Member	Congressional Advisory Board, Congressional Youth Leadership, Washington, DC
Member	National Advisory Board, Jefferson Educational Foundation, Washington, DC
Member	Advisory Board, Far East Studies Institute, Washington, DC
Member	Congressional Board of Advisors, Common Sense, Inc., Safford, VA
Member	Board of Advisors, Jefferson Islands Club, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF THE CLERK

1994 MAY 13 AM 9:58

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

mc

RECEIVED (9)

Ronald D. Coleman

440 Cannon HOB, Washington, DC 20515 202/225-4831

Filer Status	[X] Member	TEXAS 16	[ ]
Report Type	[X] Annual	[ ] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Ronald D. Coleman DATE: May 12, 1994

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Name	Page
Ronald D. Coleman	2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U. S. House of Representatives, Committee on House Administration	Spouse Salary	
	Texas Employees Retirement System	Pension	$18,862.56

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II PAYMENTS [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
none			

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Ronald D. Coleman

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Prudential Insurance		X										X					X									
	Congressional Credit Union		X										X					X									
	Congressional Credit Union		X										X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Ronald D. Coleman

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	n/a																									

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	n/a											

This page may be copied if more space is required.

Name	Ronald D. Coleman	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	MBank, El Paso	Personal Loan		X					
	Congressional Credit Union	Personal Loan	X						
	Charles Crowder	Loan to Ronald D. Coleman Blind Trust			X				
	Deborah Kastrin	Loan to Ronald D. Coleman Blind Trust			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
n/a		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Interparliamentary Union Slovak National Group		12/7-10	Wash, DC-Bratislava, Slovakia-Wash, DC	Y	Y	N	

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
n/a	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	n/a	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 26 [illegible]

Barbara-Rose Collins
1108 Longworth HOB
Washington, D.C. 20515

Michigan
15th

HAND DELIVERED

MC

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Filer Status	[X] [ ] [ ]
Report Type	[X] [ ] [ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Barbara Rose Collins

DATE: 25 May 94

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Name Barbara-Rose Collins | Page of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	2256 Leland - Detroit, Mi.				X												X										
	MCI Communications Stock			X							X							X									
	Marriott Corp. Stock		X								X							X									
	First of Michigan Stock		X								X							X									
	Detroit Municipal Credit Union			X							X							X									
	Detroit Teachers Credit Union		X								X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Barbara-[illegible] Collins

Page of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Cong. Fed. Credit Union				X						X								X								
	1st Financial Credit Union			X							X							X									
	Comerica Bank			X									X					X									
	John Hancock Financial			X							X							X									
	Chay Lake, Chay Lake, Mich.				X																						
	7140 Devonshire, Detroit, MI.				X							X									X						
	Centerior Energy Corp.			X							X						X										
	Keystone Series 3-4 (Stock)				X						X								X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Barbara-Rose Collins

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Keystone Series S-4	X			7/13/93		x					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Inter. Coalition of Women Physcians	June 18-21	Detroit-Tampa-Montego Bay, Montego Bay-Detroit	Y	Y	N	N
	Comp. Black Cau. Foun.	June 25-27	Detroit - Los Angeles Los Angeles - Detroit	Y	Y	N	N
	United Black Fund of Texas	Oct. 16-18	Detroit - Houston Houston - Washington	Y	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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U.S. HOUSE OF REPRESENTATIVES
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Cardiss R. Collins
(Full Name)

1115 South Plymouth Court
Chicago, Illinois 60605
(Mailing Address)

(312)353-5754
(202)225-5006
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District Seventh	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

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SIGNATURE OF REPORTING INDIVIDUAL: Cardiss Collins

DATE (Month/Day/Year): May 11, 1994

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name CARDISS R. COLLINS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT — Examples: SP — Mega Corp Stock				X						X								X								P
123 Main St., Dover, Del							X				X										X					
1st Bank of Peoria, IL accounts					X							X							X							
Congressional Credit Union, Washington, DC personal account			X									X					X									
First Chicago Bank (formerly First National Bank of Chicago), Chicago, IL-various accounts					X							X						X								
First Prairie Tax Exempt Money Market Account, Chicago, IL					X							X							X							
Pueblo County, Colorado Bond	X											X								X						S
Minneapolis, MN, Bond	X											X							X							S
Westmoreland Cnty., PA Bond					X							X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CARDISS R. COLLINS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Occidental Petroleum Corp. Capital Stock			X							X								X								
	FPL Group Inc. Common Stock			X							X								X								
	May Dept. Stores Common Stock				X						X								X								
	Emerson Electric Co. Common Stock			X							X								X								
	St. Paul Co. Common Stock				X						X								X								
	Dallas, Texas Bonds					X							X								X						
	GTE Corp. Common Stock			X							X								X								
	Long Island Lighting Co. Common Stock			X							X								X								
	Clorox Co. Common Stock				X						X								X								
	Merrill Lynch Money Market				X						X								X								
	Bank America Corp. Common Stock				X						X								X								
	Installment Note Receivable - First Holy Missionary Baptist Church			X									X	X								X					

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SCHEDULE IV — TRANSACTIONS

Name CARDISS R. COLLINS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Minneapolis, MN., Bond		X		03-01-93		X					
	Pueblo County, Colorado Bond		X		12-01-93		X					

NOTE: Barnett Bank (Boca Raton, Fl) which was reported as an asset on the 1992 Report is not required to be reported as an asset on the 1993 Report because it is a non-interest bearing checking account.

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Collegiate Athletic Association Convention (Speech)	Jan. 12-15	Wash., D.C. - Dallas - Wash., D.C.	Y	Y	N	
	AT&T (Speech)	Feb. 05-07	Wash., D.C. - San Francisco - West Palm Beach	Y	Y	N	
	Palm Beach County Bar Association (Speech)	Mar. 11-15	Wash., D.C. - West Palm Beach - Wash., D.C.	N	N	N	5 Days
	(Speech) Futures Industry Association	Mar. 18-21	Wash., D.C. - West Palm Beach - Wash., D.C.	Y	Y	N	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

MICHAEL ALLEN (MAC) COLLINS
(Full Name)

189 BUTTRILL ROAD
(Mailing Address)

202-225-5901
(Daytime Telephone)

JACKSON GEORGIA 30233

(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State GA District Third	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Michael A. (Mac) Collins

DATE (Month/Day/Year): 5-13-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	COLLINS TRUCKING COMPANY, INC. (FAMILY OWNED BUSINESS)	SALARY	15,900
	COLLINS TRUCKING COMPANY, INC.	SPOUSE SALARY	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NATIONAL ASSOCIATION OF TRUCK STOP OPERATORS	SPEECH	MAY 4, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[illegible] (a) each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, and (b) any other asset or source of income which [illegible] more than $200 in "unearned" income during the year. For rental property or land, provide [illegible] address. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X																P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	COLLINS TRUCKING CO., INC.(Sub-S)								X		X														X		
	COLLINS & WHITAKER PARTNERSHIP					X								X									X				S
	JAMES A. FREEMAN NOTE			X									X							X							
	TARA STATE BANK IRA			X									N/A				X										
	WESTERN RESERVE IRA				X								N/A				X										
	GIANT MART CORP. 401 K			X									N/A				X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Michael Allen Collins

SP DEP IT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	CONGRESSIONAL FEDERAL CREDIT UNION			X									X					X									
	RJR NABISCO STOCK			X													X										P
	H.R. COLLINS, SR. ESTATE			X																		X					S

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Name Michael Allen Collins | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	RJR NABISCO STOCK	X			12-26-93	X						
	COLLINS & WHITAKER PARTNERSHIP		X		8-03-93		X					
	H.R. COLLINS, SR. ESTATE		X		7-12-93	X						

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SCHEDULE V — LIABILITIES

Name Michael Allen Collins | Page 7 of 9

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	McIntosh State Bank	Demand Note			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	THE CONGRESSIONAL INSTITUTE	FEB.25-27	WASH.DC-PRINCETON-WASH,DC	Y	Y	Y	N
	ASSO. OF AMERICAN RAILROADS	JULY 9-11	ATL.-JACKSON HOLE WY-ATL	Y	Y	Y	N
	AM ISRAEL EDUCATION FOUNDATION	AUG.23-29	ATL.-ISRAEL-ATL.,GA	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	GEORGIA FORESTRY ASSOCIATION
EMPLOYEE/ADVISOR	COLLINS TRUCKING COMPANY, INC.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:00
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED (4)
(Office Use Only)

LARRY ED COMBEST
Full Name

1511 LONGWORTH H.O.B.
WASHINGTON, D.C. 20515
Mailing Address

202-225-4005
Daytime Telephone

Filer Status	☑ Member of the U.S. House of Representatives	State TEXAS District 19	☐ Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☑	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Larry Combest

DATE (Month/Day/Year): 4-11-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	MCLEOD, WATKINSON, MILLER	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	DC 123 Main St., Dover, Del.							X				X															
	JT 1st Bank of Peona, IL accounts					X							X							X							
JT	WRIGHT PATMAN CREDIT UNION				X								X						X								

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	LUBBOCK NATIONAL BANK, LUBBOCK TEXAS	NOTE FOR INVENTORY - FROM CLOSED BUSINESS		X					

SCHEDULE VI — GIFTS — N.A.

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 PM 5:11

Gary A. Condit
(Full Name)

920 16th Street, Suite C
Modesto, CA 95354
(Mailing Address)

(209) 527-1914
Daytime Telephone

(Office Use Only)

9

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 18th	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Gary Condit

DATE (Month/Day/Year) 5-9-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Name	Gary A. Condit	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gary A. Condit

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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Name Gary A. Condit | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

Name	Gary A. Condit	Page	9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Directors	Berry, Inc., 7508 E. 11th Street, Tulsa, Oklahoma (Spouse, Carolyn, sits on Board - no compensation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 7:33

CONGRESSMAN JOHN CONYERS JR
(Full Name)

2426 RAYBURN HOB
(Mailing Address)

202-225-5126
Daytime Telephone

WASHINGTON, DC 20515

mc (Office Use Only)

5

Filer Status: [XX] Member of the U.S. House of Representatives — State Michigan District 14th — [ ] Officer or Employee — Employing Office

Report Type: [XXX] Annual (May 15) — [ ] Amendment — [ ] Termination — Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [XX] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [XX]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: John Conyers Jr.

DATE (Month/Day/Year): May 16, 1994.

Name	Page 2 of 5
CONGRESSMAN JOHN CONYERS JR	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	DETROIT BOARD OF EDUCATION	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

List (1) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (2) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide its address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset
at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income
If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income
For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction
Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Optional	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	CONGRESSIONAL CREDIT UNION (savings)		X										X														
	CONGRESSIONAL CREDIT UNION (IRA)			X																NA							

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	AMERICAN SECURITY BANK (DC)	PERSONAL LOAN	X						
	COMERICA BANK (DETROIT)	PERSONAL LOAN			X				
	CONGRESSIONAL CREDIT UNION (DC)	PERSONAL LOAN	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	CHAMPAIGN COUNTY HEALTHCARE CONSUMERS	MAR 19-21	SPEECH: Wash, DC - Chicago - DETROIT	Y	Y	N	N
	NEW YORK JOBS WITH JUSTICE	APR 29-30	SPEECH: Wash, DC - New York - Detroit	Y	Y	N	N
	CONGRESSIONAL BLACK CAUCUS FOUNDATION (SPOUSE)	JUN 24-28	CONFERENCE: Detroit - LA - CHICAGO	Y	Y	N	N
	ASSN. BLACK CARDIOLOGISTS INC.	AUG 2-8	SPEECH: Detroit - San Antonio - Detroit	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 4:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

James H. S. Cooper
(Full Name)
125 Cannon House Office Building
(Mailing Address)
Washington, D.C. 20515
(Daytime Telephone) (202) 225-6831

Filer Status	[X] Member of the U.S. House of Representatives	State TN District 4	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL J. Cooper

DATE (Month/Day/Year) 5/12/94

Name	James H.S. Cooper	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Smithsonian Institution	Spouse Salary	$3,091

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples. SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	First American Bank, Washington	X											X					X									
	Congressional Federal Credit Union			X									X						X								
	First Union Bank, Shelbyville				X								X						X								
	Agricultural Federal Credit Union		X										X					X									
	Hancock Bank, Gulfport			X									X					X									
	A.G. Edwards (Centennial Fund)						X				X										X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name James H S. Cooper

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	CNB Bankshares Debentures			X									X						X								
	A G Edwards (see attached													X								X					
	A G Edwards printout + memo)										X							X									

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SCHEDULE III ASSETS AND UNEARNED INCOME [illegible]
(continuation sheet 1 of 3)

Asset and/or Income Source	Value at [illegible]	Method	[illegible] Type	[illegible]	[illegible]
*** 4.5% limited partnership interest in PLC Properties Ltd., Brentwood, TN**	**$186,477**	see attached	dividends interest rental capital gain	III II I VI	 lot sales
*** 33% general partnership interest in Cooper Brothers Land Co.**	**$615,561**	see attached	rental interest capital gain	III II I	purchases
33% interest in Adams' Properties -01504 East Beach Drive, Gulfport, MS	**$35,476**	tax assmt.	interest	I	
Martha Hays Trust (see attached printout from Hancock Bank Trust Department)	**$47,076**		dividends interest	I III	
115 C Street, SE, Washington, DC	**$415,034**	tax assmt.	rent	VI	
41 D Street, SE, Washington, DC	**$285,083**	tax assmt.	rent	V	
IRA Account - James H.S. Cooper (see attached printout from A.G. Edwards & Co.)	**$15,865**		dividends/ interest	II	sales
IRA Account - Martha Hays Cooper (see attached printout from A.G. Edwards & Co.)	**$15,342**		dividends/ interest	II	sales purchases
33% Remainder Interest, Hortense P. Cooper Trust (Dominion Bancorp. stock)	**$32,573**	actuarial estimate		I	
TOTAL	**$1,648,487**				

* Primary assets of these partnerships are listed on next page, but these do not add to the total of assets and unearned income of James Cooper.

SCHEDULE III — ASSETS AND UNEARNED INCOME

Estimated Fair Market Value of Assets

Asset and Income Source	Valuation	Method
• Assets of ELC:		
ELC Business Park and undeveloped land behind it, 11 acres off Mary Land Way and Granny White Pike	$656,424	tax basis
Medowbrook Farms subdivision, with 24 lots off Granny White Pike	374,000	tax assmt
1.8 acres of undeveloped land on Murray Lane	22,547,500	tax assmt
• Assets of Cooper Brothers:		
Kentucky Farms, near Smith Mills, KY		
57 acres "Tweedy Place", Parcel 15 12, Map 21A and "Floyd Place", Parcel 18 1, Map 21A	$41[illegible],[illegible]	tax assmt
41 acres "Flowlike" and "Reeder Place", Parcel 12 2, Map [illegible]	114,000	tax assmt
102 acres "Brown", Parcel 14 Map 127A	[illegible]	tax assmt
[illegible] acres "Murphy", Parcel [illegible] Map [illegible]	[illegible]	tax assmt
75 acres "Duley", Parcel 14 4 14 01, Map 131A	$62,200	tax assmt.
Tennessee Farms, near Shelbyville, TN		
4[illegible] acres "The King Place" on Jones Chapel Road, Shelbyville's Bridge Road	$2[illegible]	tax assmt
4[illegible] acres "Stewart Place", off Highland Lake & Temple Hill Rd	$184,[illegible]	tax assmt
[illegible] acres off the Temple Hill Road	$1[illegible]	tax assmt
[illegible] acres off Temple Hill Rd	[illegible]	mkt value
Tennessee Lodge, in Shelbyville, TN on Main Street, Lincoln Park Board	$140,000	tax assmt

SCHEDULE III ASSETS AND UNEARNED INCOME
(continuation sheet 3 of 3)

Assets of Cooper Brothers, continued

758 Madison Street	$125,000	tax assmt.
lot behind 756 Madison, plus strip on East Lane Street/Railroad Ave.	$26,750	tax assmt.
·218 East Holland Street	$37,700	tax assmt.
·lot off S. Main Street (corner of South Brittain and St. William's Drive)	$25,500	tax assmt.
·corner of Depot and Thompson Sts.	$17,500	tax assmt.
·319 East Lane St.	$6,000	tax assmt.
·409 East Lane St.	$59,100	tax assmt.
vacant lot across from 413 E. Lane	$30,000	mkt. value
·Tennessee Lots, in Nashville, TN		
·2106 Fairfax Ave.	$150,000	mkt. value

SCHEDULE IV — TRANSACTIONS

Name James H S. Cooper | Page 1 of 4

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10–12–93		X					
	see attached printout and memo. A.G. Edwards												
	cash		gift from mother			12/30/93	X						

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TO THE FILE
FR JIM COOPER
DT. MAY 16,1994
RE STOCK SALES IN A.G. EDWARDS ACCOUNT IN 1994

I am a 4.5 % Limited Partner in PLC Properties, Ltd., a limited partnership organized to develop and sell real estate. I inherited my share from my Grandmother's estate.

The Limited Partnership laws prohibit a limited partner from any and all participation in management or investment decision making. Therefore [by law] I (as a limited partner) was not consulted, informed, or considered in any investment decisions. I never had knowledge of any PLC investment, nor could I exercise any control whatsoever in PLC operations or investments. I was only aware that PLC was actively engaged in real estate activities. I was never informed that stock investments were made by PLC with temporary cash balances. I first learned of such investments during 1993 when the General Partner distributed shares of various publicly traded stocks. Upon receipt of this distribution through A.G. Edwards, I immediately instructed my shares to be sold. Furthermore, I requested that the GP refrain from any future stock investment.

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson, St. Louis, Mo 63103

Member SIPC

IMPORTANT TAX DOCUMENT

Account Number 055-086011-032 JAMES H S COOPER Tax Period 01/01/93 to 12/31/93

SUMMARY INFORMATION SECTION

DIVIDENDS AND DISTRIBUTIONS SUMMARY

ORDINARY DIVIDENDS

CENTENNIAL TAX EXEMPT TRUST	9.17	INTL MULTIFOODS CORP	18.00
MEDEVA PLC	14.82	TOTAL	41.99
		TOTAL GROSS DIVIDEND INCOME	41.99

FOREIGN TAX PAID SUMMARY

DIVIDENDS AND DISTRIBUTIONS

MEDEVA PLC	2.22	TOTAL	2.22
		TOTAL FOREIGN TAX PAID	2.22

CAPITAL TRANSACTIONS SUMMARY

SECURITY TRANSACTIONS

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
09/20	SOLD	108	IMCERA GROUP INC	452454101	3,236.19*
09/20	SOLD	225	MEDEVA PLC SPONSORED ADR	58410H203	1,488.62*
09/29	SOLD	90	INTL MULTIFOODS CORP	460043102	1,951.55*
10/05	SOLD	108	FREEPORT MCMORAN COPPER & GOLD DEPOSITARY SHARES-REPSTG 0.05 OF A SHARE OF STEP UP CONV PFD	35671D501	2,137.18*
10/05	SOLD	225	IRT PROPERTY CO	450058102	2,711.84*
10/05	SOLD	90	* OPTICAL COATING LAB	683829105	619.75*
10/07	SOLD	153	AMERICAN HEALTH PROPERTIES INC	026494104	4,274.83*
10/07	SOLD	90	AMSCO INTERNATIONAL INC	032161101	865.63*
10/07	SOLD	225	BRADLEY REAL ESTATE TRUST SBI INCORPORATED IN MASSACHUSETTS	104583109	1,904.15*
10/07	SOLD	112	COPLEY PROPERTIES INC	217454107	1,174.58*
10/07	SOLD	122	DIAL REIT INC	252478102	1,416.27*
10/07	SOLD	100	EASTGROUP PROPERTIES SBI	277270104	2,330.45*
10/07	SOLD	185	PROPERTY TRUST OF AMER SBI	743445108	3,733.96*
10/07	SOLD	135	REAL EST INVT TR OF CA SBI	755895109	2,366.93*
12/03	SOLD	90	EXCEL REALTY TRUST INC	30067R107	1,659.64*

*Transactions reported to the IRS, amount included in 1099-B totals

TOTAL GROSS PROCEEDS FROM SECURITIES - REPORTED 31,871.57

This is important tax information and is being furnished to the Internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction will be imposed on you if this income is taxable and the IRS determines that it has not been reported.

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson, St. Louis, Mo 63103

Member SIPC

CLIENT ACTIVITY SUMMARY

Account Number 066-152723-032 **Taxpayer ID** 410-74-7242 **Tax Period** 01/01/93 **to** 12/31/93

A G EDWARDS & SONS
CUSTODIAN FOR
JAMES H S COOPER
IRA ACCOUNT
115 C STREET SE
WASHINGTON DC 20003-1834

YOUR INVESTMENT BROKER

CALVIN P LEWIS
A G EDWARDS & SONS INC
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

(615) 244-4000

A G EDWARDS & SONS, INC TAX ID
43-0895447

DIVIDENDS AND DISTRIBUTIONS SUMMARY

ORDINARY DIVIDENDS

BIG B INC	23.00	DAILY CASH ACCUMULATION FUND	201.72
* PEOPLES BANCORP OF WORCESTER	132.00	**TOTAL**	**356.72**

CAPITAL TRANSACTIONS SUMMARY

SECURITY TRANSACTIONS

DATE	ENTRY	QUANTITY	DESCRIPTION	CUSIP	AMOUNT
12/06	SOLD	200	BIG B INC	038891106	2,259.55
12/06	SOLD	100	PEOPLES BANCORP OF WORCESTER	709790109	4,560.50
12/06	SOLD	100	SCUDDER NEW EUROPE FUND INC	810905109	952.41
12/06	SOLD	1	ZENITH LABS INC NEW	989365200	57.40
TOTAL GROSS PROCEEDS FROM SECURITIES					**7,829.86**

• • • • • E N D O F S T A T E M E N T • • • • •

This information is being provided for your convenience and is not being reported to the Internal Revenue Service.

SCHEDULE V — LIABILITIES

Name James H S Cooper | Page 1 of 1

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Marine Midland Mortgage Corp	Mortgage on 115 C St SE					X		
	Margaretten Mortgage Corp.	Mortgage on 41 D St. SE		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Non Prescription Drug Mfg.	Mar. 5-6	Knox.- Naples, FL - Knox. (Air Transportation Paid by	Y MEMBER	N	N	N

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Name	James H S Cooper	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Limited Partner	PLC Properties Ltd
General Partner	Cooper Brothers Land Co.
Ex-Officio Trustee	Walters State Community College, Motlow State Community College
Honorary Member	Univ of Tenn Space Institute Support Council; Shelbyville Rotary

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 - 75-884 (mac)

Use additional sheets if more space is required.

JIM COOPER
4TH DISTRICT, TENNESSEE

COMMITTEES
BUDGET
ENERGY AND COMMERCE

WASHINGTON OFFICE
[illegible] CANNON BUILDING
WASHINGTON, DC 20515
TELEPHONE (202) 225-4311

Congress of the United States
House of Representatives
Washington, DC 20515

June 8, 1994

DISTRICT OFFICES
210 EAST DEPOT STREET
P.O. BOX 125
SHELBYVILLE, TN 37160
TELEPHONE (615) 684-[illegible]

CITY HALL
7 SOUTH HIGH STREET
WINCHESTER, TN 37398
TELEPHONE (615) 967-4151

SUITE ONE
208 EAST FIRST NORTH STREET
P.O. BOX 2025
MORRISTOWN, TN 37816
TELEPHONE (615) 587-9101

215 LANTANA ROAD
P.O. BOX 845
CROSSVILLE, TN 38555
TELEPHONE (615) 484-[illegible]

10

HAND DELIVERED

JUN -9 AM 9:22

MC

The Honorable Jim McDermott
Chairman
Committee on Standards of Official Conduct
C/O 1036 Longworth
Washington, D.C. 20515

Dear Jim,

Enclosed please find a copy of the Hancock Bank Trust Department Account and the A.G. Edwards & Sons Account for the last quarter of 1993. Due to an oversight, these documents were not included in my Financial Disclosure submission in May. Please add the statements to my Disclosure Report.

Sincerely,

Jim Cooper

Jim Cooper
Member of Congress

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

Hancock Bank Trust Department

TRANSACTIONS PER PERIOD 3/25/94 PAGE 1
10/01/93 - 12/31/93

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK ABM OFF - MAR
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

		INCOME	PRINCIPAL	INVESTMENTS
10/01/93	BEGINNING BALANCES	.41 +	1.35 +	44,712.02 +
	--BONDS--			
	FNMA MEDIUM TERM NOTE @ 7.70%			
	DUE 103098 (CALLABLE 103094 @ 100)			
11/01/93	INTEREST ON 10,000 PV	385.00		
	FEDERATED GNMA FUND 0016			
10/01/93	INTEREST DUE 09/30/93	58.70		
11/01/93	INTEREST DUE 10/31/93	58.94		
12/01/93	INTEREST DUE 11/30/93	58.34		
	--STOCKS--			
	DUFF & PHELPS SELECTED UTILS INCOME			
	INC (FORMERLY DUFF & PHELPS SELECTED			
	UTILITIES INC.)			
10/12/93	DIVD ON 300 SHS @ .06 PER SH	30.00		
11/10/93	DIVD ON 300 SHS @ .06 PER SH	30.00		
12/10/93	DIVD ON 300 SHS @ .06 PER SH	30.00		
	FIDELITY SECS FD 027 (REINVEST)			
	GROWTH & INCOME FUND			
12/08/93	DIVD ON 259.373 SHS @ .16 PER SH			57.59
	2.632 SHARES REINVESTED			
	AT 21.86 PER SHARE			
12/08/93	LONG TERM CAPITAL GAIN DIST			.36
	ON 1.913 SHS @ .19 PER SH			
	.016 SHARES REINVESTED			
	AT 21.86 PER SHARE			
	ACQUIRED DISPOSED TERM FED G/L			
	12/06/93 00/00/00 LT .36			
12/08/93	LONG TERM CAPITAL GAIN DIST			67.96
	ON 357.662 SHS @ .19 PER SH			
	3.109 SHARES REINVESTED			
	AT 21.86 PER SHARE			
	ACQUIRED DISPOSED TERM FED G/L			
	12/06/93 00/00/00 LT 67.96			
12/08/93	SHORT TERM CAPITAL GAIN DIST			.31
	ON 1.913 SHS @ .16 PER SH			
	.014 SHARES REINVESTED			
	AT 21.86 PER SHARE			
	ACQUIRED DISPOSED TERM FED G/L			
	12/06/93 00/00/00 ST .31			

Hancock Bank Trust Department

TRANSACTIONS FOR PERIOD 10/01/93 - 12/31/93 5/25/94 PAGE 2

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK ADM OFF - NAW
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

			INCOME	PRINCIPAL	INVESTMENTS
12/08/93	SHORT TERM CAPITAL GAIN DIST ON 357.662 SHS @ .16 PER SH 2.618 SHARES REINVESTED AT 21.86 PER SHARE				57.23
	ACQUIRED DISPOSED TERM	FED G/L			
	12/06/93 00/00/00 ST	57.23			
	--TIME DEPOSITS--				
	TRUST MONEY MARKET ACCOUNT (PERS ACCTS) (INCOME)				
10/01/93	INTEREST RECEIVED		10.06		
10/25/93	REDEEMED		401.00		401.00-
11/01/93	INTEREST RECEIVED		9.98		
11/01/93	DEPOSIT		454.00-		454.00
12/01/93	INTEREST RECEIVED		10.16		
12/13/93	DEPOSIT		128.00-		128.00
	--FEES PAID--				
10/25/93	FEE FOR PERIOD ENDING 10/20/93		500.00-		
12/31/93	ENDING BALANCES		.59 +	1.35 +	47,076.41 +
				(LIABILITIES	2,859.87 +)

Hancock Bank Trust Department

TRANSACTION SUMMARY
10/01/93 - 12/31/93

ACCOUNT NUMBER 33-3183-02 HANCOCK BANK ADM OFF - MAN
TRUSTEE U/A DTD 12/31/60 WITH
ARTHUR V. HAYS FBO MARTHA BRYAN HAYS

		INCOME	PRINCIPAL	INVESTMENTS
10/01/93	BEGINNING BALANCES	.41 +	1.35 +	46,712.02 +
	NET INTEREST INCOME	591.18		
	NET DIVIDEND INCOME	90.00		57.33
	SALES, CAPITAL CHANGES AND OTHER ASSET CHANGES	401.00		275.14-
	FEES	500.00-		
	PURCHASES AND OTHER MISCELLANEOUS DISBURSEMENTS	582.00-		582.00
12/31/93	ENDING BALANCES	.59 +	1.35 +	47,076.41 +
			(LIABILITIES	2,859.87 +)

10/30/93 - 12/31/93 IRA

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

Member SIPC

One North Jefferson St Louis MO 63103

Y 182 82 100 PAGE 1 of 2

ACCOUNT NUMBER 66-152723-032 TAXPAYER ID 410-74-7242 STATEMENT PERIOD 10-30-93 to 12/31/93

A G EDWARDS & SONS
CUSTODIAN FOR
JAMES H S COOPER
IRA ACCOUNT
115 C STREET SE
WASHINGTON DC 20003-1834

CUSTOMER PHONE HOME 202-544-1382 OFFICE 202 225-8831

YOUR INVESTMENT BROKER

CALVIN P LEWIS
A G EDWARDS & SONS INC (615) 244-4000
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2288

TOTAL ACCOUNT VALUE $15,865.28

INCOME SUMMARY

	THIS PERIOD	YEAR TO DATE
DIVIDENDS	6.00	155.00
MONEY FUND	50.89	201.72
INCOME REPORTED LAST YEAR		26.00
TOTAL INCOME	$56.89	$382.72

ACTIVITY SUMMARY

	AMOUNTS ADDED	AMOUNTS SUBTRACTED	BALANCE
BEGINNING CASH AND MONEY FUND BALANCE			7,978.53
SALES	7,829.86		
INCOME FROM SECURITIES	56.89		
ENDING CASH AND MONEY FUND BALANCE			$15,865.28

ACCOUNT SUMMARY

	PREVIOUS PERIOD VALUATION	%	THIS PERIOD VALUATION	%
CASH AND MONEY FUND	7,978.53	48.8	15,865.28	100.0
EQUITIES	8,380.00	51.2		
TOTAL ACCOUNT VALUE	$16,358.53	100.0%	$15,865.28	100.0%

ACCOUNT POSITIONS

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		CASH AND MONEY FUND	100.0%		$15,865.28	$429.95	2.71%	
	15,865.28	DAILY CASH ACCUMULATION FUND		1	15,865.28	429.95	2.71	1
		TOTAL ACCOUNT VALUE			$15,865.28	$429.95	2.71%	

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

Member SIPC

One North Jefferson St Louis MO 63103

PAGE 2 of 2

ACCOUNT NUMBER 66-152723-032 JAMES H S COOPER IRA ACCOUNT STATEMENT PERIOD 10/30/93 to 12 31/93

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
10/29			BEGINNING BALANCE			.00	7,978.53
11/19	DIVIDEND	16.34	DAILY CASH ACCUMULATION FUND 02 67% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 11/18/93 AUTOMATICALLY REINVESTED				7,994.87
12/10	DIVIDEND ON	200	BIG B INC		6.00	6.00	7,994.87
12/13	SOLD	-200	BIG B INC DISCOUNT 25%	11 5/8	2,259.55		
12/13	INVESTMENT	6	DAILY CASH ACCUMULATION FUND	1	-6.00		
12/13	SOLD	-100	PEOPLES BANCORP OF WORCESTER DISCOUNT 25%	46 3/8	4,560.50		
12/13	SOLD	-100	SCUDDER NEW EUROPE FUND INC	10	952.41		
12/13	SOLD	-1	ZENITH LABS INC NEW DISCOUNT 25%	67 1/2	57.40	7,829.86	8,000.87
12/17	DIVIDEND	16.86	DAILY CASH ACCUMULATION FUND 02 70% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 12 16/93 AUTOMATICALLY REINVESTED			7,829.86	8,017.73
12/20	INVESTMENT	7,829.86	DAILY CASH ACCUMULATION FUND	1	-7,829.86	.00	15,847.59
12/31	DIVIDEND	17.69	DAILY CASH ACCUMULATION FUND 02 71% 17 DAY AVERAGE YIELD FOR PERIOD ENDING 12/31/93 AUTOMATICALLY REINVESTED				15,865.28
12/31			ENDING BALANCE			$.00	$15,865.28

INCOME DETAIL

DATE	ENTRY	QUANTITY	DESCRIPTION	AMOUNT
11/19	DIVIDEND		DAILY CASH ACCUMULATION FUND	16.34
12/10	DIVIDEND ON	200	BIG B INC	6.00
12/17	DIVIDEND		DAILY CASH ACCUMULATION FUND	16.86
12/31	DIVIDEND		DAILY CASH ACCUMULATION FUND	17.69
			TOTAL DIVIDENDS AND INTEREST	$56.89

* * * * * END OF STATEMENT * * * * *

10/30/93 - 12/31/93 PERSONAL ACCT

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

Member SIPC

One North Jefferson St Louis MO 63103

Y 910 03 1,287 02 3 817

ACCOUNT NUMBER 66-086011-032

TAXPAYER ID 410-74-7242

STATEMENT PERIOD 10/30/93 to 12/31/93

JAMES H S COOPER
115 C STREET S E
WASHINGTON DC 20003-1834

CUSTOMER PHONE: HOME 202-546-1382 OFFICE 202-225-8831

YOUR INVESTMENT BROKER

CALVIN P LEWIS
A G EDWARDS & SONS, INC (818) 244-4000
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

TOTAL ACCOUNT VALUE $136,687.63

ACCOUNT SUMMARY

	PREVIOUS PERIOD VALUATION	%	THIS PERIOD VALUATION	%
CASH AND MONEY FUND	165,736.27	98.9	136,687.63	100.0
EQUITIES	1,667.50	1.1		
TOTAL ACCOUNT VALUE	$167,403.77	100.0%	$136,687.63	100.0%

INCOME SUMMARY

	THIS PERIOD	YEAR TO DATE
DIVIDENDS	14.82	32.82
MONEY FUND	9.17	9.17
TAX-EXEMPT MONEY FUND	588.17	3,652.01
TOTAL INCOME	$612.16	$3,694.00
TAX WITHHELD	2.22	2.22

ACTIVITY SUMMARY

	AMOUNTS ADDED	AMOUNTS SUBTRACTED	BALANCE
BEGINNING CASH AND MONEY FUND BALANCE			165,736.27
SALES	1,659.64		
INCOME FROM SECURITIES	612.16		
CHECKS/WITHDRAWALS		-40,012.60	
TAX WITHHELD		-2.22	
OTHER	8,694.38		
ENDING CASH AND MONEY FUND BALANCE			$136,687.63

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

Member SIPC

One North Jefferson St Louis MO 63103

ACCOUNT NUMBER 66-086011-032 JAMES H S COOPER STATEMENT PERIOD 10/30/93 to 12/31/93

ACCOUNT POSITIONS

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		CASH AND MONEY FUND	100.0%		$136,687.63	$2,457.09	1.80%	
		CASH BALANCE			8,714.38			
	127,973.25	CENTENNIAL TAX EXEMPT TRUST		1	127,973.25	2,457.09	1.92	1
		TOTAL ACCOUNT VALUE			$136,687.63	$2,457.09	1.80%	

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
10/29			BEGINNING BALANCE			.00	165,736.27
11/19	DIVIDEND	246.28	CENTENNIAL TAX EXEMPT TRUST 01 84% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 11/18/93 AUTOMATICALLY REINVESTED				165,982.55
12/07	MONEY TRNSFR		COOPER WIRED TO 1ST UNION		-30,000.00		
12/07	REDEMPTION	-30,010	CENTENNIAL TAX EXEMPT TRUST	1	30,010.00		
12/07	WITHHOLDING		FOREIGN TAX AT 15%		-2.22		
12/07	DIVIDEND ON	225	MEDEVA PLC $PONSORED ADR WIRE TRF FEE		14.82		
12/07	FEE				-10.00	12.60	135,972.55
12/10	SOLD	-90	EXCEL REALTY TRUST INC	18 1/8	1,659.64	1,672.24	135,972.55
12/13	INVESTMENT	1,659.64	CENTENNIAL TAX EXEMPT TRUST	1	-1,659.64	12.60	137,632.19
12/17	TAXABLE DIST	9.17	CENTENNIAL TAX EXEMPT TRUST SHORT TERM CAP GAIN DIST. 00 09% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 12/16/93 AUTOMATICALLY REINVESTED				
12/17	DIVIDEND	218.01	CENTENNIAL TAX EXEMPT TRUST 01 83% 28 DAY AVERAGE YIELD FOR PERIOD ENDING 12/16/93 AUTOMATICALLY REINVESTED			12.60	137,859.37
12/22	MONEY TRNSFR		COOPER WIRED TO FIRST UNION		-10,000.00		
12/22	REDEMPTION	-10,010	CENTENNIAL TAX EXEMPT TRUST	1	10,010.00		

A.G. Edwards & Sons, Inc.
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One North Jefferson St Louis MO 63103

Member SIPC

ACCOUNT NUMBER 66-086011-032 JAMES H S COOPER STATEMENT PERIOD 10/30/93 to 12/31/93

ACTIVITY THIS PERIOD (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
12/22	FEE		WIRE TRF FEE		-10.00	12.60	127,849.37
12/31	TRF OF ASSET		FROM 086 104178		8,714.38		
			PURSUANT TO INSTRUCTIONS				
12/31	DIVIDEND	123.88	CENTENNIAL TAX EXEMPT TRUST				
			02 04% 17 DAY AVERAGE YIELD				
			FOR PERIOD ENDING 12/31/93				
			AUTOMATICALLY REINVESTED				
12/31	PAYMENT		CHECK FOR DIV/INT		-12.60	8,714.38	127,973.25
12/31			ENDING BALANCE			$8,714.38	$127,973.25

INCOME DETAIL

DATE	ENTRY	QUANTITY	DESCRIPTION	AMOUNT
11/19	DIVIDEND		CENTENNIAL TAX EXEMPT TRUST	246.28
12/07	DIVIDEND ON	225	MEDEVA PLC	14.82
			SPONSORED ADR	
12/17	TAXABLE DIST		CENTENNIAL TAX EXEMPT TRUST	9.17
12/17	DIVIDEND		CENTENNIAL TAX EXEMPT TRUST	218.01
12/31	DIVIDEND		CENTENNIAL TAX EXEMPT TRUST	123.88
			TOTAL DIVIDENDS AND INTEREST	$612.16

* * * * * END OF STATEMENT * * * * *

Just how good is your brokerage firm? In last month's SmartMoney, The Wall St. Journal Magazine of Personal Business, A.G. Edwards was compared to other top national brokerages. We were delighted with the results and will continue to work to merit this recognition in the future

A.G. Edwards & Sons, Inc.
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04/25/93 - 10/29/93 IRA

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
Member SIPC

One North Jefferson St Louis MO 63103

Y 82 108 PAGE 1 of 2

ACCOUNT NUMBER 66-152723-032 TAXPAYER ID 410-74-7242 STATEMENT PERIOD 09-25-93 to 10-29-93

A G EDWARDS & SONS
CUSTODIAN FOR
JAMES H S COOPER
IRA ACCOUNT
115 C STREET SE
WASHINGTON DC 20003-1834

CUSTOMER PHONE HOME 202 544-1362 OFFICE 202-225-6831

YOUR INVESTMENT BROKER

CALVIN P LEWIS
A G EDWARDS & SONS INC (615) 244-4000
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2289

TOTAL ACCOUNT VALUE $16,358.53

INCOME SUMMARY

	THIS PERIOD	YEAR TO DATE
DIVIDENDS	33.00	149.00
MONEY FUND	20.07	158.83
INCOME REPORTED LAST YEAR		26.00
TOTAL INCOME	$53.07	$325.83

ACTIVITY SUMMARY

	AMOUNTS ADDED	AMOUNTS SUBTRACTED	BALANCE
BEGINNING CASH AND MONEY FUND BALANCE			7,955.46
INCOME FROM SECURITIES	53.07		
OTHER		-30.00	
ENDING CASH AND MONEY FUND BALANCE			$7,978.53

ACCOUNT SUMMARY

	PREVIOUS PERIOD VALUATION	%	THIS PERIOD VALUATION	%
CASH AND MONEY FUND	7,955.46	49.1	7,978.53	48.8
EQUITIES	8,250.25	50.9	8,380.00	51.2
TOTAL ACCOUNT VALUE	$16,205.71	100.0%	$16,358.53	100.0%

ACCOUNT POSITIONS

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		CASH AND MONEY FUND	48.8%		$7,978.53	$209.84	2.63%	
	7,978.53	DAILY CASH ACCUMULATION FUND		1	7,978.53	209.84	2.63	1

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
Member SIPC

One North Jefferson St Louis MO 63103

PAGE 2 of 2

ACCOUNT NUMBER 66-152723-032 JAMES H S COOPER IRA ACCOUNT STATEMENT PERIOD 09-25-93 to 10-29-93

ACCOUNT POSITIONS (CONTINUED)

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		EQUITIES	51.2%		$8,380.00	$182.00	2.17%	
	200	BIG B INC		13	2,600.00	24.00	.92	1
	100	PEOPLES BANCORP OF WORCESTER		46 3/4	4,675.00	132.00	2.82	1
	100	SCUDDER NEW EUROPE FUND INC		10 1/4	1,025.00	26.00	2.54	1
	1	ZENITH LABS INC NEW		80	80.00			1
		TOTAL ACCOUNT VALUE			$16,358.53	$391.84	2.40%	

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
09/24			BEGINNING BALANCE			.00	7,955.46
10/04	STOCK SPLIT	100	BIG B INC				
10/14	FEE		IRA 1993 ANNUAL FEE		-30.00	-30.00	7,955.46
10/15	REDEMPTION	-30	DAILY CASH ACCUMULATION FUND	1	30.00	.00	7,925.46
10/22	DIVIDEND	20.07	DAILY CASH ACCUMULATION FUND 02.63% 35 DAY AVERAGE YIELD FOR PERIOD ENDING 10/21/93 AUTOMATICALLY REINVESTED				
10/22	DIVIDEND ON	100	PEOPLES BANCORP OF WORCESTER		33.00	33.00	7,945.53
10/25	INVESTMENT	33	DAILY CASH ACCUMULATION FUND	1	-33.00	.00	7,978.53
10/29			ENDING BALANCE			0.00	$7,978.53

INCOME DETAIL

DATE	ENTRY	QUANTITY	DESCRIPTION	AMOUNT
10/22	DIVIDEND		DAILY CASH ACCUMULATION FUND	20.07
10/22	DIVIDEND ON	100	PEOPLES BANCORP OF WORCESTER	33.00
			TOTAL DIVIDENDS AND INTEREST	$53.07

***** END OF STATEMENT *****

9/25/93 - 10/29/93 [illegible]

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
Member SIPC

One North Jefferson St Louis MO 63103

Y 850 93 1,287 82 3,617

ACCOUNT NUMBER 66-086011-032

TAXPAYER ID 410-74-7242

STATEMENT PERIOD 09/25/93 to 10/29/93

JAMES H S COOPER
115 C STREET S E
WASHINGTON DC 20003-1834

CUSTOMER PHONE HOME 202 544-1382 OFFICE 202-225-6831

YOUR INVESTMENT BROKER

CALVIN P LEWIS
A G EDWARDS & SONS INC (615) 244-4000
401 CHURCH ST GROUND FL
L & C TOWER
NASHVILLE TN 37219-2299

TOTAL ACCOUNT VALUE $167,603.77

INCOME SUMMARY

	THIS PERIOD	YEAR TO DATE
DIVIDENDS	18.00	18.00
TAX-EXEMPT MONEY FUND	295.32	3,063.84
TOTAL INCOME	$313.32	$3,081.84

ACTIVITY SUMMARY

	AMOUNTS ADDED	AMOUNTS SUBTRACTED	BALANCE
BEGINNING CASH AND MONEY FUND BALANCE			150,239.02
SALES	30,211.93		
INCOME FROM SECURITIES	313.32		
CHECKS/WITHDRAWALS		-15,018.00	
OTHER		-10.00	
ENDING CASH AND MONEY FUND BALANCE			$165,736.27

ACCOUNT SUMMARY

	PREVIOUS PERIOD VALUATION	%	THIS PERIOD VALUATION	%
CASH AND MONEY FUND	150,239.02	92.2	165,736.27	98.9
EQUITIES	12,755.26	7.8	1,867.50	1.1
TOTAL ACCOUNT VALUE	$162,994.28	100.0%	$167,603.77	100.0%

ACCOUNT POSITIONS

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		CASH AND MONEY FUND	98.9%		$165,736.27	$3,265.00	1.97%	
	165,736.27	CENTENNIAL TAX EXEMPT TRUST		1	165,736.27	3,265.00	1.97	1

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887
Member SIPC

One North Jefferson St Louis MO 63103

ACCOUNT NUMBER 66-086011-032 JAMES H S COOPER STATEMENT PERIOD 09/25/93 to 10/29/93

ACCOUNT POSITIONS (CONTINUED)

NOTE	QUANTITY	DESCRIPTION	% OF PORTFOLIO	PRICE	VALUATION	EST ANNUAL INCOME	EST ANNUAL % YIELD	TYPE
		EQUITIES	1.1%		$1,867.50	$20.70	1.11%	
	98	EXCEL REALTY TRUST INC		20 3/4	1,867.50	20.70	1.11	1
		TOTAL ACCOUNT VALUE			$167,603.77	$3,285.70	1.96%	

ACTIVITY THIS PERIOD

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
09/24			BEGINNING BALANCE			.00	150,239.02
09/27	SOLD	-108	IMCERA GROUP INC DISCOUNT .25 %	30 5/8	3,236.19		
09/27	SOLD	-225	MEDEVA PLC SPONSORED ADR DISCOUNT .25 %	6 7/8	1,488.62	4,724.81	150,239.02
10/04	INVESTMENT	4,724.81	CENTENNIAL TAX EXEMPT TRUST	1	-4,724.81	.00	154,963.83
10/05	RECEIVED	153	AMERICAN HEALTH PROPERTIES INC TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	90	AMSCO INTERNATIONAL INC TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	225	BRADLEY REAL ESTATE TRUST SBI INCORPORATED IN MASSACHUSETTS TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	112	COPLEY PROPERTIES INC TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	122	DIAL REIT INC TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	100	EASTGROUP PROPERTIES SBI TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	185	PROPERTY TRUST OF AMER SBI TRF AC NATIONAL FINANCIAL				
10/05	RECEIVED	135	REAL EST INVT TR OF CA SBI TRF AC NATIONAL FINANCIAL				

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson St Louis MO 63103

Member SIPC

ACCOUNT NUMBER 66-086011-032 JAMES H S COOPER STATEMENT PERIOD 09/25/93 to 10/29/93

ACTIVITY THIS PERIOD (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
10/06	SOLD	-90	INTL MULTIFOODS CORP DISCOUNT 25 %	22 1/4	1,951.55	1,951.55	154,963.83
10/11	INVESTMENT	1,951.55	CENTENNIAL TAX EXEMPT TRUST	1	-1,951.55	.00	156,915.38
10/13	SOLD	-108	FREEPORT MCMORAN COPPER & GOLD DEPOSITARY SHARES-REPSTG 0 05 OF A SHARE OF STEP UP CONV PFD	20 1/2	2,137.18		
10/13	SOLD	-225	IRT PROPERTY CO	12 1/2	2,711.84		
10/13	SOLD	-90	* OPTICAL COATING LAB	7 3/8	619.75	5,468.77	156,915.38
10/15	SOLD	-153	AMERICAN HEALTH PROPERTIES INC DISCOUNT 25 %	28 1/2	4,274.83		
10/15	SOLD	-98	AMSCO INTERNATIONAL INC DISCOUNT 25 %	10	865.63		
10/15	SOLD	-225	BRADLEY REAL ESTATE TRUST SBI INCORPORATED IN MASSACHUSETTS DISCOUNT 25 %	8 3/4	1,984.15		
10/15	SOLD	-112	COPLEY PROPERTIES INC DISCOUNT 25 %	10 7/8	1,174.58		
10/15	SOLD	-122	DIAL REIT INC DISCOUNT 25 %	12	1,416.27		
10/15	SOLD	-180	EASTGROUP PROPERTIES SBI DISCOUNT 25 %	23 7/8	2,338.45		
10/15	DIVIDEND ON	90	INTL MULTIFOODS CORP		18.00		
10/15	SOLD	-185	PROPERTY TRUST OF AMER SBI DISCOUNT 25 %	20 5/8	3,733.96		
10/15	SOLD	-135	REAL EST INVT TR OF CA SBI DISCOUNT 25 %	18	2,366.95	23,555.57	156,915.38
10/18	INVESTMENT	23,535.57	CENTENNIAL TAX EXEMPT TRUST	1	-23,535.57	18.00	180,450.95
10/19	RECEIVED	90	EXCEL REALTY TRUST INC REC FRM NATL FINC'L				
10/21	MONEY TRNSFR		COOPER WIRE1 TO DOMINION BANK		-15,000.00		
10/21	REDEMPTION	-15,000	CENTENNIAL TAX EXEMPT TRUST	1	15,000.00		
10/21	FEE		WIRE TRF FEE		-10.00	8.00	165,450.95

A.G. Edwards & Sons, Inc.
INVESTMENTS SINCE 1887

One North Jefferson St Louis MO 63103

Member SIPC

ACCOUNT NUMBER 66-086011-032 JAMES H S COOPER STATEMENT PERIOD 09/25/93 to 10/29/93

ACTIVITY THIS PERIOD (CONTINUED)

DATE	ENTRY	QUANTITY	DESCRIPTION	PRICE	AMOUNT	CASH BALANCE	MONEY FUND BALANCE
10/22	DIVIDEND	295.32	CENTENNIAL TAX EXEMPT TRUST 01 88% 30 DAY AVERAGE YIELD FOR PERIOD ENDING 10/21/93 AUTOMATICALLY REINVESTED			8.00	165,746.27
10/25	REDEMPTION	-10	CENTENNIAL TAX EXEMPT TRUST	1	10.00	18.00	165,756.27
10/29	PAYMENT		CHECK FOR DIVINT		-18.00	.00	165,756.27
10/29			ENDING BALANCE			0.00	$165,756.27

INCOME DETAIL

DATE	ENTRY	QUANTITY	DESCRIPTION	AMOUNT
10/15	DIVIDEND ON	90	INTL MULTIFOODS CORP	18.00
10/22	DIVIDEND		CENTENNIAL TAX EXEMPT TRUST	295.32
			TOTAL DIVIDENDS AND INTEREST	$313.32

***** END OF STATEMENT *****

Do new higher tax rates have you searching for ways to reduce your tax bill? Call your A.G. Edwards investment broker now to reserve your copy of 10 Tactics to Cut Taxes and Increase Investment Returns, a special Tax Saver year-end report.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:46

Samuel G. Coppersmith
(Full Name)

3138 N. 53rd Place
(Mailing Address)

Phoenix, AZ 85018

Daytime Telephone (602) 921-5500

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Arizona District	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Coppersmith

DATE (Month/Day/Year): May 16, 1994

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Samuel G. Coppersmith

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Lewis & Roca, Phoenix, AZ	Spouse income	N/A

For payments to charity in lieu of honoraria, use Schedule II

Name	Page
Samuel G. Coppersmith	3 of 14

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb 2, 1993	$2,000
XYZ Magazine	Article	Aug 13, 1993	$500
KZON-FM/Sundance Broadcasting, Inc., Phoenix, AZ designated contribution to Central AZ Shelter Services, Inc	Disc Jockey on KZON "Audio Picnic"	July 17, 1993 (taping date)	$100
Healthcare Administrators Forum of AZ, Chandler AZ designated contribution to Central AZ Shelter Services, Inc	Speech	June 4, 1993	$100

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Name Samuel G. Coppersmith | Page 4 of 14

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide tax address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	Examples: 123 Main St., Dover, Del							X				X										X					
JT	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
	Neuberger & Berman Manhattan Fund[7]				X						X			X								X					P
	20 Century Select Investors Mutual Fund[7]				X						X			X							X						P
	Fidelity Cash Reserves Mutual Fund[4]					X					X								X								
	Fidelity Spartan Money Market Fund				X						X								X								
	Fidelity Balanced Mutual Fund[3]			X							X		X	X					X								
	Colonial Tax Exempt Fund Series A			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel G. Coppersmith

Page 5 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	Fidelity Growth & Income Mutual Fund[5]				X						X			X					X								
	Fidelity Growth Company Mutual Fund[5]				X						X			X					X								
	Gabelli Asset Mutual Fund[8]			X							X			X				X									P
	Smith Barney Shearson Daily Dividend Fund (name change) 2,4,6,7					X					X									X							
	Smith Barney Shearson Utilities Fund Class B (name change) 6				X						X			X						X							P
	Smith Barney Shearson Appreciation Fund Class A (name change) 6			X							X			X				X									
	Gabelli Equity Trust Inc[6]			X							X			X					X								
	American Insd Mtg Invs LP Ser Dep Unit 85[6]			X							X								X								
	American Insured Mortgage Invts-Dep Ut Ltt Prinship Inc[6]			X							X								X								
	Strips-Tint-US Treasury (zero coupon bonds)[8]					X							X OID									X					
	Tultex Corp.			X							X								X								S
	GTE Corp[4]				X						X									X							
	GT Greater Europe Fund SBI			X							X			X				X									S
	Bergen Brunswig Corp Class A			X							X							X									
	Berkshire Hathaway Inc.				X									X			X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Samuel G. Coppersmith

Page 6 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Cohen & Steers Rlty Income Fund, Inc. (formerly Rlty Equity Securities Fund Inc. - name change)			X							X								X								
	Exxon Corp			X							X								X								
	MFS Municipal Income Trust SBI			X							X								X								
	Morgan Stanley Emerging Mkts Fund, Inc.			X							X			X						X							
	Maricopa Co. Sch Dist. #028 Kyrene Elem Rndg-C-O Cpn 4.7% C/A DTD 11/30/93			X									X OID				X										P
	Municipal Secs Tr #4M Desc Ser Monthly Pmt Units				X								X						X								
	Atlc Standard Corp[3]			X							X							X									
	BT Financial Corp[3]			X							X								X								
	Bristol Myers Squibb Co[3]			X							X							X									
	General Electric Co[3]			X							X							X									
	Hershey Foods Corp[3]			X							X							X									
	Johnson & Johnson[3]			X							X							X									
	NIPSCO Industries Inc[3]				X						X								X								
	Pepsico Inc[4]			X							X							X									
	Petroleum & Resources Corp4			X							X			X					X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Samuel G. Coppersmith

Page 7 of 14

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Phillip Morris Cos Inc 3				X						X									X							
	Southwestern Bell Corp 3			X							X							X									
	Telefonica de Espana SA ADR 3			X							X							X									
	Xerox Corp 3			X							X							X									
	ELF Overseas Ltd 8.5% Cum Gtd Pref Shs Ser A 3			X							X								X								P
	Rhone Poulenc Overseas Ltd Cum Gtd Pref Shs Ser A 8 1/8%			X							X							X									P
	Bank America Corp 8.375% Cum Pfd Ser K 3			X							X								X								
	Barclays Bk PLC 8.0% CV Cap Note Units Bk/Entry 2.4			X							X								X								P
	Kmart Corp Dep Rep 1/4 Shs Pfd Ser A 3			X							X								X								
	K-111 Communications Corp Sr Exch Pfd 11.50% 3			X							X								X								
	Morgan Stanley Grp inc 8.88% $2.22 Pfd Depository Share 3			X							X								X								
	Olin Corp Conversion Pfd Ser A PERCS 3			X							X								X								
	Primerica Corp Depository Shares 8 1/8% Cum Pfd Ser A 3			X							X								X								
	Sears Roebuck & Co Ser A Pfd 3			X							X								X								
	Sun American Inc Dep Shs Repstg 1/50 Pfd D Hony CV 3			X							X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name: Samuel G. Coppersmith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Williams Cos Inc $2.21 Cum Pfd[3]			X							X								X								
	PJR Nabisco Inc Sr Notes Reg Ltd 4 25 1991 2,4			X									X						X								
	E.I. DuPont de Nemours & Co			X							X							X									
	MCI Communications Corp			X							X							X									
	Petnco Beeves Inc.				X						X								X								
	American Home Products Corp[1]			X							X							X									
	EQK Green Acres LP Unit Ltd Pship[1]			X							X	(Partnership Income)							X								
	Merrill Lynch Ready Assets Trust[1]			X							X								X								
	Smith Barney Shearson TRAK Inv Adv. Mutual Funds (name change)				X						X								X								P
	Exeter RE Investors VII LP: 1.24% interest in 110 ac. raw land at SEC 83rd Ave & Deer Valley Rd., Peoria, AZ[1]			X									X					X									
	Exeter RE Investors XII LP: 1.24% interest in 40 ac. raw land near Germann & Dobson Roads, Chandler, AZ[1]			X									X					X									
	Exeter RE Investors X LP: 1.24% interest in 10 ac. raw land near SEC 51st Ave. & Beardsley Rd., Phoenix, AZ[1]			X									X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel G. Coppersmith

Page 9 of 4

SP. DC. JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Exeter RE Investors XVI LP: 0.66% interest in 518 ac. raw land NWC Tangerine & Thornydale Roads, Marana AZ			X									X					X									
	Twin Knolls Mini-Storage LP: 1.24% interest in mini-storage & 3.65 ac at 8050 E. Apache Trail, Mesa AZ			X								X	X					X									
	Scottsdale Ranch Investors LP: 0.99% interest in partnership with former 49.5% interest in shopping center at SEC Via Linda & Mountain View Rd Scottsdale, AZ	X									Recapture of depreciation only							X									S
	Green Valley Properties LP: 1.98% interest in 501 ac. raw land in Continental Farms Master Plan, Green Valley, AZ			X									X					X									
	Fiesta Square Investors LP: 1.98% interest in shopping center at 1710 W. Southern Ave., Mesa, AZ			X									X					X									
	Elmalon 75th Avenue Partnership: 1.6% interest in 17.8 ac. raw land at SWC 75th Ave. & Van Buren, Tolleson, AZ			X									X					X									
	Elmalon 75th Avenue Partnership Note: 5.88% interest in note secured by land described above			X									X				X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel G. Coppersmith

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Brooklyn Brewery Limited Partnership: partnership interest & loan to brewers of Brooklyn Beer, Brooklyn, NY			X									X						X								
	Bennett, Feerbourn & Freedman, P.C., Phoenix, AZ repayment of shareholder working capital loan to former law firm [See Schedule IX]				X								X							X							
	Rhone Poulenc SA AUR Ser A	X									X							X									S

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Name Samuel G. Coppersmith

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	Mega Corporation Common Stock	X			10–12–93		X					
	Rhone Poulenc SA ADR Ser A[3]		X		2-26-93	X						
	Barclays Bk PLC 8.0% CV Cap Note Units-Bk/Entry[2,4] as of 4/22/93	X			4-22-93	X						
	Maricopa Co. Sch Dist #028 Kyrene Elem Rfdg-C-O-Cpn 4.7% C/A DTD 11/30/93	X			12-7-93	X						
	Sun America Inc. Dep. Shs Repstg 1/50 Pfd D Manv CV[3]	X			12-14-93	X						
	Dallas Semiconductor Corp		X		8-3-93	X						
	Morgan Stanley Emerging Mkts Fd Inc.	X			6-21-93	X						
	Rhone Poulenc Overseas Ltd Cum Gtd Pref Ser A 8 1/8%[3]	X			6-29-93	X						
	ELF Overseas Ltd 8.50% Cum Gtd Pref Ser A[3]	X			1-8-93	X						
	Smith Barney Shearson TRAK Inv. Adv. Mutual Funds	X			1-25; 6-17; 8-18; 11-16	X						
	Tultex Corp		X		11-15-93	X						
	GT Greater Europe Fund SBI		X		11-15-93	X						
	Smith Barney Shearson Utilities Fund Class B[6]	X			monthly reinvestment of dividends	X						
	Neuberger & Berman Manhattan Fund[7]	X			6-7-93	X						
	20th Century Select Investors Mutual Fund[7]	X			6-3-93	X						
	Gabelli Asset Fund[8]	X			6-4-93	X						
	Scottsdale Ranch Investors LP-- foreclosure (loss) of[1] property		X		6-15-93	Less than $1,000 (zero, actually)						

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Footnotes to Schedules III & IV

1 *Asset owned by the Estate of W. Louis Coppersmith, my late father. I have a 1/3 beneficial interest in the Estate. A professional investment advisor manages the Estate's assets, but I serve as executor of the Estate and have knowledge of its assets.*

2 *Includes assets owned by the Estate of W. Louis Coppersmith.*

3 *Assets owned by the Coppersmith Children Trust, created after the death of my late mother, Bernice E. Coppersmith. I have a 1/3 beneficial interest in the Trust. A professional investment advisor manages the Trust's assets, but I serve as a trustee of the Trust and have knowledge of its assets.*

4 *Includes assets owned by the Coppersmith Children Trust*

5 *Assets owned by my wife's self directed 401(k) pension plan.*

6 *Includes assets owned by my wife's self-directed IRA.*

7 *Includes assets owned by one or more of my dependent children.*

8 *Assets entirely owned by one or more of my dependent children.*

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Public Affairs Committee	Oct. 24-25	Phoenix-Dallas-Austin-San Antonio-Wash., D.C.	Y	Y	N	N
	Planned Parenthood Federation of America, North Atlantic Region	May 24-25	Wash., D.C.-Harrisburg, PA-Wash., D.C. (not provided by source)	Y	Y	N	N
	United Jewish Appeal	July 23-25	Wash., D.C.-Chicago-Wash., D.C. (not provided by source)	Y	Y	N	N
	American Israel Public Affairs Committee	June 6	Phoenix-Tulsa-Phoenix	N	Y	N	N
	Economic Studies Institute	April 15-16	Phoenix-Tucson-Nogales-Tucson-Phoenix	N	Y	N	N
	AT&T Bell Laboratories	June 21-22	Wash., D.C.-Newark, NJ-Wash., D.C.	N	Y	N	N
	American Israel Public Affairs Committee	Dec. 17-22	Phoenix-Tel Aviv-Jerusalem K'Far Blum-Tel Aviv-Phoenix	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, **proprietor, representative,** employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor **organization,** or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-93	Bennett, Fairbourn & Freedman, P.C., Phoenix, AZ & Samuel G. Coppersmith	Promissory note (original principal balance of $40,000) straight note to repay working capital loan to former law firm.

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 AM 11:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

5

(Full Name) Jerry F. Costello

(Mailing Address) P.O. Box 8250
Belleville, IL 62222

(Daytime Telephone) William R. Schaltenbrand, Accountant
(618) 398-4173

Filer Status	[X] Member of the U S House of Representatives	State Illinois District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jerry F. Costello

DATE (Month/Day/Year): May 11, 94

Name	Page
Jerry F. Costello	2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	All earned income is from filer's current employment by the U.S. Government		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Jerry F. Costello

BLOCK A — Asset and/or Income Source

[illegible] each asset held for investment or [illegible] of income with a fair market value [illegible] $1,000 at the end of the reporting year, and (2) any other asset or source of income which [illegible] more than $200 in "unearned" income [illegible] the year. For rental property or land, provide [illegible]. Provide full names of any mutual [illegible]. For an IRA or retirement plan that is self-[illegible], list the underlying assets worth more than [illegible]. For an IRA or retirement plan that is not [illegible], name the institution holding the [illegible].

[illegible]: Your personal residence(s) (unless there is rental income); any debt owed to you by your [illegible], or by your or your spouse's child, parent, or [illegible]; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	West Pointe Bank & Trust Co. - Stock - IRA				X												X										
SP	West Pointe Bank & Trust Co. - Stock - IRA				X												X										
	State of Illinois				X						Illinois Retirement						X										
SP	State of Illinois				X						Illinois Teacher's Retirement						X										
	West Pointe Bank & Trust Co. - Savings accounts	X											X						X								
	Centerland Short-Term Diversified Asset Portfolio		X										X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jerry F. Costello

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Boatmens Trust Company																									
Taxable Bond Fund					X							X	X							X					P
Boatmens First National Bank of K.C.																									
Intermediate Government Fund						X						X	X								X				P
Illinois Department of Revenue																									
Int. on Income Tax Refund	X											X						X							

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SCHEDULE IV — TRANSACTIONS

Name Jerry F. Costello

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Boatmens Trust co. Taxable Bond Fund	X			1-31-93	X						
	(Additional Purchases)											
	Boatmens First National Bank of Kansas City Intermediate Government Fund	X			1-31-93	X						
	(Additional Purchases)											

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 17 AM 8:19

HAND DELIVERED

(8)

Christopher Cox

206 Cannon House Office Building

Washington, DC 20515

202/225-5611

Filer Status	[X] Member of the U.S. House of Representatives — State: CA District: 47	[ ] Officer or Employee	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Christopher Cox

DATE (Month, Day, Year): 5-16-94

Name	Christopher Cox	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Department of the Air Force Base Closure Commission	Spouse Salary	NA
	Continental Airlines, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Christopher Cox

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Dean Witter Reynolds, Inc. money market account						X				X											X					
	Dean Witter IRA			X									X				N/A										
	2836-A South Wakefield Street Arlington, VA					X						X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Christopher Cox

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	U.S. Senate Credit Union			X							N/A						X										
SP	Fidelity IRA			X							N/A						N/A										
SP	Continental Airlines, Inc. Retirement Plan			X							X								X								
SP	Calvert Tax-Free Reserves						X				X											X					
SP	MFS Int. Income Fund			X							X								X								
SP	AZ Trans Bd. Revenue Bonds			X							N/A						X										
SP	Bradenton FL Utilities Bonds			X							N/A						X										
SP	Clark County NV School District Bonds				X						N/A						X										
SP	GA Muni. Electric Authority Bonds				X						N/A						X										
SP	MCIC Common Stock				X						X							X									
SP	MRK Common Stock			X							X								X								
SP	NGC Common Stock			X							X							X									
SP	MO Common Stock			X							X								X								
SP	RBD Common Stock				X						X							X									
SP	THI Common Stock				X						N/A						X										

This page may be copied if more space is required.

Name Christopher Cox

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
SP	NGC Common Stock	X			4-21-93	X						
SP	CHW Common Stock		X		4-21-93	X						
SP	WMX Common Stock		X		2-10-93			X				

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Waterfield Mortgage Co.	Mortgage on 2836-A S. Wakefield St Arlington, VA				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
U.S. Arab-American Chamber of Commerce Meetings with Prime Minister Hariri; President Hrawi; King Hussein; Queen Noor.	Feb 6-13	Los Angeles-Beirut-Jordan-Washington, DC	Y	Y	N	N
The Congressional Institute Republican Leadership Planning Meetings	Feb 25-26	Washington, DC-Princeton-Washington, DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member Board of Advisors	Chapman University Center for International Business
Member Board of Advisors	YMCA Orange County
Member Board of Advisors	Center for Security Policy
Member Advisory Committee	Radio America
Member Board of Advisors	International Medical Corps
National Advisory Board	Childhelp USA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 11 PM 12:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
(Office Use Only)
3

William J. Coyne
(Full Name)

2455 Rayburn HOB
Washington, D.C. 20515
(Mailing Address)

202-225-2301
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives — State PA District 14th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William J. Coyne

DATE (Month/Day/Year): 5/11/94

Name William J. Coyne | Page [redacted]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

[redacted] each asset held for investment or [redacted] of income with a fair market value [redacted] $1,000 at the end of the reporting year, [redacted] any other asset or source of income which [redacted] more than $200 in "unearned" income [redacted] the year. For rental property or land, provide [redacted]. Provide full names of any mutual [redacted]. For an IRA or retirement plan that is self-[redacted], list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

[redacted]: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse; or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Pittsburgh National Bank					X							X								X						
	Wright Patman Credit Union				X		X						X							X							
	Dollar Savings Bank				X								X						X								
	Mellon Bank				X								X							X							

Example: Example

For additional assets and unearned income, use next page.

Name	William J. Coyne	Page [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	YMCA of Pittsburgh
Board Member	Flax Trust

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:00

HAND DELIVERED

Robert L. Cramer, Junior
417 Eustis Avenue
Huntsville, Alabama 35801

Filer Status	[X] [illegible]	Alabama 5th	[ ]
Report Type	[X] [illegible]	[ ] [illegible]	[ ] [illegible]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Robert L. Cramer Jr.

DATE: [illegible]

740

Name Robert E. Cramer, Junior

Page 2 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Easy Street Investment Company, Inc. Huntsville, Alabama (1 share)			X										X						X							
	Alabama State Employees Deferred Income Account, (Montgomery, AL) Invested in: Nationwide Fixed Annuity Massachusetts Capital Investment			X										X						X							
	Money Market Account, Southtrust Bank Huntsville, Alabama				X								X						X								

For additional assets and unearned income, use next page.

Name Robert L. Cramer, Junior	Page 4 of 5

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Board Member (unpaid)	National Center for Missing and Exploited Children, Arlington, VA

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 4:41
HAND DELIVERED
MC
(Office Use Only)

6

Philip Miller Crane
(Full Name)

233 Cannon Building
(Mailing Address)

Washington, DC 20515

(202) 225-2611
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 8	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

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TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Philip M. Crane DATE (Month/Day/Year) 5/11/94

Name [illegible]	Page [illegible] of [illegible]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Executive Enterprises, Inc.	Speech	Nov. 16, 1993	$1000

This page may be copied if more space is required.

Name Philip M. Crane | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Credit Union Accounts					X							X							X							
S	First American Bank Account							X					X							X							
	TIAA/CREF (Retirement)				X												NA										
	Am Capital Cont Securities Fund (IRA)				X						X									X							
	Wellesley Income Fund (SEP-IRA)						X				X												X				
	New England Life Money Market Account			X							X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name [illegible] M. [illegible]

Page [illegible] of [illegible]

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P. S. E
Putnam Income Mutual Fund				X						X										X						
Putnam Insured Mutual Fund				X						X									X							
Nuveen Municipal Value Fund			X							X									X							
Nuveen Quality Income Municipal Fund			X							X									X							
MFS Municipal Income Trust			X							X									X							
Wilkins Industrial Development Bond			X							X									X							
Bay Oaks Development Corp. interest in 400 acres development property in McHenry, IL																—										
																—										
Fountain County, Indiana, Farm			X							Farm Income										X						
Coin Collection				X												X										
Bay View Development Corp. interest in 130 acres development property in McHenry, IL										X																
The Equitable Companies		X								X							X									

This page may be copied if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
World League for Freedom and Democracy	1/11-1/18	D.C.-Taipei, Taiwan-D.C.	Y	Y	Y	N
Association of American Railroads	[illegible]	D.C.-Los Angeles-D.C.	Y	Y	Y	4 days
American Medical Association	[illegible]	D.C.-Miami-D.C.	Y	Y	Y	1 day
Miami Commercial Work[illegible]	[illegible]	D.C.-Miami	Y	Y	Y	1 day
Electronic Industries Association	[illegible]	Miami-D.C.-Miami	Y	Y	Y	N
Private Medical Care Foundation	[illegible]	D.C.-Dallas-D.C.	N	Y	N	N
Dole Foundation	[illegible]-8/28	[illegible]	Y	Y	Y	
Earl Thompson Memorial Trust	[illegible]	[illegible]	Y	Y	Y	1 day
Electronic Industries Association	[illegible]	D.C.-Chicago-D.C.	N	N	N	
Independent Petroleum Marketers of America	[illegible]	D.C.-Chicago-D.C.	N	N	N	
Miami Convention & Visitors Bureau	[illegible]	D.C.-Miami-D.C.	Y	Y	Y	1 day

This page may be copied if more space is required.

Name Philip M. Crane	Page 11 of 11

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Advisors	John M. Ashbrook Center for Public Affairs, Ohio
Board of Trustees	Ashland University, Ohio
Board of Trustees	Hillsdale College, Michigan
Trustee	Intercollegiate Studies Institute, Pennsylvania

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 1:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HID DELINQUENT
(Office Use Only)

11

MICHAEL D. CRAPO
Full Name

2005 CHARLOTTE, IDAHO FALLS, IDAHO 83402
(Mailing Address)

1-202-225-5531
Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State IDAHO District 2	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		X
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	X	

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL *Michael D. Crapo*

DATE (Month/Day/Year) *May 11, 1994*

Name	MICHAEL D. CRAPO	Page 1 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	HOLDEN, KIDWELL, HAHN & CRAPO (LAW PARTNERSHIP)	Non-employee compensation (buy-out)	$10,148.65

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug 13, 1993	$500
	American Council of Life Insurance	Speech	February 24, 1993	$1,000.00
	Non-prescriptive Drug Manufacturers	Speech	March 8, 1993	$ 500.00
	Intermountain Forest Industry Association	Speech	Dec. 10, 1993	$500.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name MICHAEL D. CRAPO

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Block A: Asset and/or Income Source		Block B: Value of Asset — None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income — None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: Transaction P, S, E
SP.	Examples. SP Mega Corp. Stock				X						X								X								P
DC.	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	HOLDEN,KIDWELL,HAHN & CRAPO PARTNERSHIP INTEREST				X								X							X							
JT	UNDIVIDED MINORITY INTEREST IN 359 acres RANCH LAND, FREMONT COUNTY, IDAHO			X								X					X										
JT	MERRILL LYNCH CMA MONEY FUND			X							X									X							
JT	MEDICAL & PROF. CREDIT UNION				X						X							X									
JT	KEY BANK OF IDAHO CHECKING ACCOUNT			X									X						X								
JT	IDAHO STATE RETIREMENT PLAN			X							NOT APPLICABLE						NOT APPLICABLE										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL D. CRAPO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
JT	CIPSCO, INC. ILLINOIS COMMON STOCK COMMON STOCK			X							X							X									
JT	MERRILL LYNCH WORLD INCOME FUND, INC.			X							X							X									
JT	UNIT JMB HAWAII PRINERSHP, INTNL.			X									X					X									
JT	IDAHO HEALTH FACILITIES AUTHORITY BOND---MAGIC VALLEY			X									X						X								
JT	IDAHO FALLS, ID. ELECTRIC BONDS			X									X						X								
JT	IDAHO HOUSING AGENCY BONDS			X									X						X								
JT	IRA: TIGR PRINE, SERIES 23, 08			X									X					X									
JT	IRA: MERRILL LYNCH RETIREMENT RESERVE MERRILL LYNCH INCOME REALTY PTNRSHP			X							X							X									
JT	IRA: V1-LP-80 MERRILL LYNCH WORLD INCOME FUND			X									X					X									
JT	IRA: FOR TOMORROW, CLASS B MERRILL LYNCH WORLD INCOME FUND			X							X							X									
JT	IRA: FOR TOMORROW, CLASS A MERRILL LYNCH FUND FOR TOMORROW			X							X							X									
DC	CLASS B MERRILL LYNCH BASIC VALUE FUND			X							X							X									
DC	CLASS A HOME---			X							X								X								
JT	321-2nd STREET, S.E., WASH. D.C.							X				X					X										P
JT	PAB OIL & MINING, INC.		X								X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL D. CRAPO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	FRONTIER ENERGY CORP.		X								X						X										
JT	INVESTMENT DEVELOPMENT CORP.		X								X						X										
JT	KEOUGH: FORD CAP BV, 9.125% Due 5-1-98				X								X							X							
JT	KEOUGH: SEI CASH & TRUST MONEY MARKET				X								X						X								
JT	KEOUGH: BREED TECHNOLOGIES, INC			X							X						X										P
JT	KEOUGH: CSS INDUSTRIES, INC.			X							X						X										P
JT	KEOUGH: FIRST UNION CORP.			X							X							X									P
JT	KEOUGH: GENZYME CORP.			X							X						X										P
JT	KEOUGH: JAN BELL MARKETING			X							X						X										P
JT	KEOUGH: MATRIX PHARMACEUTICAL, INC			X							X						X										P
JT	KEOUGH: SPAGHETTI WAREHOUSE, INC.			X							X						X										P
JT	KEOUGH: TELEBIT CORP.			X							X						X										P
JT	KEOUGH: UNISYS CORP.			X							X						X										P
JT	KEOUGH: USX-MARATHON GROUP			X							X							X									P
JT	KEOUGH: DUFF & PHELPS UTIL. INCOME, INC.			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name MICHAEL D. CRAPO

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
JT	KEOUGH: COMMON TRUST FUND KA (WEST ONE BANK)			X									X				X										S
JT	KEOUGH: METRICOM, INC.			X							X						X										P-S
JT	KEOUGH: MITEL CORP.			X							X						X										P-S
JT	KEOUGH: ORION PICTURES NEW			X							X						X										P-S

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example. Mega Corporation Common Stock	X			10–12–93		X					
JT	PERSONAL RESIDENCE: 321-2nd Street, S.E., Wash. D.C.	X			12-8-93					X		
JT	BREED TECHNOLOGIES, INC. COMMON STOCK	X			11-18-93	X						
JT	CSS INDUSTRIES, INC. COMMON STOCK	X			8-19-93	X						
JT	FIRST UNION CORP. COMMON STOCK	X			10-25-93	X						
JT	GENZYME CORP. COMMON STOCK	X			9-16-93	X						
JT	JAN BELL MARKETING COMMON STOCK	X			8-11-93	X						
JT	MATRIX PHARMACEUTICAL, INC. COMMON STOCK	X			10-12-93	X						
JT	METRICOM, INC. COMMON STOCK	X			6-15-93	X						
JT	METRICOM, INC. COMMON STOCK		X		10-12-93	X						
JT	MITEL CORP. COMMON STOCK	X			8-11-93	X						
JT	MITEL CORP. COMMON STOCK		X		9-23-93	X						
JT	ORION PICTURES NEW COMMON STOCK	X			8-27-93	X						
JT	ORION PICTURES NEW COMMON STOCK		X		10-21-93	X						
JT	SPAGHETTI WAREHOUSE, INC. COMMON STOCK	X			12-10-93	X						
JT	TELEBIT CORP. COMMON STOCK	X			10-22-93	X						
JT	USX MARATHON GROUP COMMON STOCK	X			8-24-93	X						
JT	UNISYS CORP. COMMON STOCK	X			8-11-93	X						
JT	COMMON TRUST FUND KA (WEST ONE BANK)		X		9-30-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year**. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	PRUDENTIAL HOME MORTGAGE	MORTGAGE ON 321-2nd St., S.E. Wash. D.C.					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Western Regional Council	Jun. 21	Idaho Falls - Tucson-Washington, DC	N	Y	N	None
	Intermountain Forest Industry Association	Dec. 10	Idaho Falls- Spokane-Idaho Falls	N	Y	N	None

This page may be copied if more space is required.

Name	MICHAEL D. CRAPO	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
1-1-92	Michael D. Crapo & Holden, Kidwell, Hahn & Crapo (Law partnership)	Buy-out of interest in partnership; including deferred compensation for work performed prior to election, and continued participation in Keough account managed for firm.

GPO 1994 — [illegible]

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 9:32

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (Office Use Only)

MC

9

Congressman Randy "Duke" Cunningham

117 Cannon House Office Building (202) 225-5452

Washington, D.C. 20515

Filer Status	[X] Member / Title: House of Representatives	State: CA District: 51	[ ] Officer / Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalt*· shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	X	
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 05-12-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000 For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Encinitas Union School District	spouse/salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Randy "Duke" Cunningahm | Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash , D C	Speech	Feb 2, 1993	$2,000
XYZ Magazine	Article	Aug 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Top Gun Enterprises/sole share holder							X																			
JT	Mission Valley Fed. Credit Union			X																							
JT	Union Bank Miramar/checking			X																							
JT	Union Bank Miramar/checking			X																							
	IRA:spouse/Union Bank Miramar				X																						
	IRA: Member/Union Bank Miramar				X																						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Randy "Duke" Cunningham

Page 4 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	note secured by deed of trust located at Elsworth parcel #386-410-28/Debtor: Calvin Goad					X							X									X					

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SCHEDULE IV — TRANSACTIONS

Name Randy "Duke" Cunningham

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Oregon Air & Space Museum (featured speaker event for Air & Space Museum (non-profit museum)509.c3	10/29/93 11/02/93	DC to Oregon/Oregon to DC (round trip)	Y	Y	yes father-n-law	yes 1 day

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	San Diego Air & Space Museum (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 19 AM 11:59

HAND DELIVERED

(Office Use Only)

9

Randy "Duke" Cunningham
(Full Name)

117 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

(202) 225-5452

Filer Status	[X] Member of the U.S. House of Representatives	State Calif. District 51	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Randy "Duke" Cunningham

DATE (Month/Day/Year): 05/19/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Encinitas Union School District	spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Mega Corp. Stock	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
			123 Main St., Dover, Del							X				X															
			1st Bank of Peona, IL accounts					X							X														
JT			Top Gun Enterprises sole share holder							X						X					X								
JT			Mission Valley Fed Credit Union			X									X						X								
JT			Union Bank/Miramar(checking)			X									X						X								
JT			Union Bank/Miramar (checkin)			X									X							X							
			IRA:Spouse/Union Bank/Miramar				X								X							X							
			IRA: Member/Union Bank Miramar				X								X							X							

P

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Randy "Duke" Cunningham

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	note secured by deed of trust located at Elsworth parcel #386-410-28/Debtor Calvin Goad					X							X									X					

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SCHEDULE IV — TRANSACTIONS

Name Randy "Duke" Cunningham

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Oregon Air & Space Museum (featured speaker event for Air & Space Museum (non profit) 509.c3		10/29/93 11/02/93	DC to Oregon/Oregon to DC	Y	Y	yes/father-n- law	Y 1 day

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	San Diego Air & Space Museum (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 PM 12:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

9

PAT DANNER
1217 LONGWORTH HOB
WASHINGTON DC 20515 202-225-2041

Filer Status	[X] Member of the U.S. House of Representatives — State: MO District: 6th		[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Pat Danner

DATE (Month, Day, Year): 5/12/94

Name	PAT DANNER	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	AETNA (SPOUSE - ANNUITY)	TWA RETIREMENT	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name PAT DANNER | Page 3 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
MISSOURI BOYS STATE	SPEECH	JUNE 1993	$100
Phillip MORRIS	SPEECH	July 16 1993	$1000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PAT DANNER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")

BLOCK C — Type of Income (If other than one of the listed categories, specify the type of income by writing a brief description in this block.)

BLOCK D — Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)

BLOCK E — Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X														
	PRAIRIE VIEW CAR WASH, PRAIRIE VIEW, MISSOURI							X				PROFITS										X					
	AUTO WASH GLADSTONE, MISSOURI							X				PROFITS					X										P
	CEDARWOOD APTS. Smithville, MISSOURI								X								X										
	GRAGG ACRES - 4 LOTS KANSAS CITY, MISSOURI			X								LOTS					X										
	MEADOWBROOK HIGHLANDS - lot 5 GLADSTONE, MISSOURI		X									LAND					X										
JT	GRANDRIVER PARTNERS Chillicothe, MISSOURI					X						LAND					X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PAT DANNER

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	BRIARCLIFF POINT PARTNERS KANSAS CITY, MISSOURI						X						X				X										
JT	VENTURES NORTH INC. KANSAS CITY, MISSOURI						X						X				X										
JT	BARCLAY PLACE DEVELOPMENT CO. KANSAS CITY, MISSOURI				X								LAND				X										
	MACON COUNTY FARM 40 ACRES MACON, MISSOURI				X							FARM	INCOME							X							
JT	CARROLL COUNTY FARM, 250 ACRES HALE, MISSOURI					X						FARM	INCOME				X										
	5403 NORTH WASHINGTON KANSAS CITY, MISSOURI					X						X					X										
	MEMBERS AMERICA CREDIT UNION IRA												X								NA						
	MEMBERS AMERICA CREDIT UNION					X							X							X							

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Name PAT DANNER

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
ST	AUTOWASH		X			1-15-93					X		

This page may be copied if more space is required.

Name PAT DANNER | Page 7 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Liberty Savings Bank (Y4)	DOT on Briarcliff Apartments				X			
JT	Liberty Savings Bank (Y4)	DOT on Venture North Apts				X			
JT	Boatmens Bank of Kansas City (Y2)	DOT on Cedarwood Apts						X	
JT	Platte Valley Bank, Platte City, MO (Y2)	DOT on Prairieview Apts			X				
JT	Boatmens Bank of Kansas City, MO (Y2)	DOT on Autumnwash 12				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE V - LIABILITIES (CONTINUED)

PAT BARNER 8 of 8

JT	FIRST MO SAVINGS BANK, BROOKFIELD, MO (1/2)	DOT ON FARM [illegible]
JT	CAMERON SAVINGS & LOAN, CAMERON, MO (1/2)	DOT ON FARM [illegible]
JT	CAMERON SAVINGS & LOAN, CAMERON MO [redacted]	DOT ON REPLIX [illegible]
JT	BOATMENS BANK OF KANSAS CITY, MO	DOT ON BARCLAY FARM [illegible]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PROJECT INTERCHANGE AMERICAN JEWISH COMM OF KANSAS CITY	MAY 28 – JUNE 5	KANSAS CITY, MO – ISRAEL – KANSAS CITY, MO (5 DAYS IN COUNTRY)	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 18 PM 3:6

HAND DELIVERED

(Office Use Only) 2

PAT DANNER
1217 LONGWORTH HOB
WASHINGTON DC 20515 202-225-7041

Filer Status: [X] Member of the House of Representatives [ ] Officer or Employee [ ] Employee/Officer

Report Type: [X] Annual (May 15) [X] Amendment [ ] Termination

MO 6th

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I** — Yes [X] No [ ]

Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.** — Yes [X] No [ ]

Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III** — Yes [X] No [ ]

Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV** — Yes [X] No [ ]

Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.** — Yes [X] No [ ]

Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (e.g., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.** — Yes [ ] No [X]

Did you, your spouse, or a dependent child receive any reportable travel or travel-related expenses in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII** — Yes [X] No [ ]

Did you hold any reportable position on or before the date of filing in the current calendar year? If yes, complete and attach Schedule VIII — Yes [ ] No [X]

Did you have any reportable agreement or arrangement with an outside entity? If yes, complete and attach Schedule IX — Yes [ ] No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10-11.) — Yes [ ] No [X]

EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.) — Yes [ ] No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year)

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PAT DANNER

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	BRIARCLIFF POINT PARTNERS KANSAS CITY, MISSOURI						X					X					X										
JT	VENTURES NORTH INC. KANSAS CITY, MISSOURI						X					X					X										
JT	BARCLAY PLACE DEVELOPMENT CO. KANSAS CITY, MISSOURI				X								LAND				X										
	MACON COUNTY FARM MACON, MISSOURI 40 ACRES				X							FARM INCOME								X							
JT	CARROLL COUNTY FARM, 250 HALE, MISSOURI ACRES					X						FARM INCOME					X										
	5403 NORTH WASHINGTON KANSAS CITY, MISSOURI					X						X					X										
	MEMBERS AMERICA CREDIT UNION II								X				X								NA						
	MEMBERS AMERICA CREDIT UNION					X							X							X							

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A

For use by Members, officers, and employees

1994 JUN -8 AM 11: 51

HAND DELIVERED

(Office Use Only)

9

PAT DANNER
1217 LONGWORTH HOB
WASHINGTON DC 20515 202-225-2041

Filer Status	[X] Member	[ ] Officer or Employee	Reporting Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

MO 62a

A $200 penalty [illegible] against anyone who [illegible] than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have earned income including salaries of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make contribution to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have unearned income of more than $[illegible] during the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, and dependent children report, buy, sell, or exchange any reportable asset valued at more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding Qualified Blind Trusts approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Pat Danner

DATE (Month/Day/Year): 5/12/94

Name	PAT DANNER	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$2,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1
	Fairfax County Board of Education	Spouse Salary	[illegible]
	AETNA (SPOUSE - ANNUITY)	TWA RETIREMENT	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C. / XYZ Magazine	Speech / Article	Feb. 2, 1993 / Aug. 13, 1993	$2,000 / $2,000
Missouri Boys STATE	SPEECH	JUNE 1993	$100
Phillip Morris	SPEECH	July 16 1993	$1000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X															
	123 Main St., Dover, Del.							X																		
	1st Bank of Peoria, IL accounts					X							X													
	PRAIRIE VIEW CAR WASH, PRAIRIE VIEW, MISSOURI							X				PROFITS										X				
	AUTO WASH GLADSTONE, MISSOURI							X				PROFITS					X									P
	CEDARWOOD APTS. Smithville, MISSOURI								X								X									
	GRAGG ACRES - 4 LOTS - KANSAS CITY, MISSOURI				X							LOTS					X									
	MEADOWBROOK HIGHLANDS - lot 5 GLADSTONE, MISSOURI			X								LAND					X									
JT	GRANDRIVER PARTNERS CHILLICOTHE, MISSOURI					X						LAND					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PAT DANNER

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	INTEREST	RENTS & ROYALTIES	CAPITAL GAINS	TRUST	BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
JT	BRIARCLIFF POINT PARTNERS KANSAS CITY, MISSOURI					X				X						X										
JT	VENTURES NORTH INC. KANSAS CITY, MISSOURI					X				X						X										
JT	BARCLAY PLACE DEVELOPMENT CO. KANSAS CITY, MISSOURI				X						LAND					X										
	MACON COUNTY FARM MACON, MISSOURI 40 ACRES				X					FARM INCOME								X								
JT	CARROLL COUNTY FARM, HALE, MISSOURI 230 ACRES					X				FARM INCOME						X										
	5403 NORTH WASHINGTON KANSAS CITY, MISSOURI					X				X						X										
	MEMBERS AMERICA CREDIT UNION IRA							X			X									NA						
	MEMBERS AMERICA CREDIT UNION					X					X								X							

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SCHEDULE IV — TRANSACTIONS

Name PAT DANNER

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
ST	AUTOWASH	X			1-15-93					X		

This page may be copied if more space is required.

Name PAT DANNER Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Liberty Savings Bank (Y4)	DOT on Briarcliff Apartments				X			
JT	Liberty Savings Bank (Y4)	DOT on Venture North Apts				X			
JT	Boatmens Bank of Kansas City (Y2)	DOT on Cedarwood Apts						X	
JT	Platte Valley Bank, Platte City, MO (Y2)	DOT on Prairieview Apts			X				
JT	Boatmens Bank of Kansas City, MO (Y2)	DOT on Antioch 12				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

Schedule V - Liabilities (Continued)

		PAT VARNER	[illegible]
JT	First MO Savings Bank, Brookfield, MO (½)	DOT on Farm	50,000 - 100,000
JT	Cameron Savings & Loan, Cameron, MO (½)	DOT on Farm	15,000 - 50,000
JT	Cameron Savings & Loan, Cameron, MO	DOT on Duplex	15,000 - 50,000
JT	Boatmens Bank of Kansas City, MO	DOT on Barclay Place	15,000 - 50,000

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	PROJECT INTERCHANGE AMERICAN JEWISH COMM OF KANSAS CITY,	MAY 28 – JUNE 5	KANSAS CITY, MO – ISRAEL – KANSAS CITY, MO (5 DAYS IN COUNTRY)	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 4:33

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(8)

MC (Office Use Only)

GEORGE (BUDDY) DARDEN
Full Name
2303 RAYBURN BLDG.
WASHINGTON, D.C. 20515 (202) 225-2931
Mailing Address Telephone No.

Filer Status	☒ Member of the U.S. House of Representatives	State: GA District: 7	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: George (Buddy) Darden

DATE (Month/Day/Year): 5/12/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	WESTSIDE BANK KENNESAW, GEORGIA 30144	DIRECTOR'S fees - SPOUSE	$1000.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	TECHNOLOGY FORUM WASH, D.C. (FIRST METHODIST CHURCH, MARIETTA, GA.)	SPEECH	Feb. 18, 1993	$500
	LORAL CORP WASHINGTON, D.C. (SIMPSONWOOD CONFERENCE CENTER, UNITED METHODIST CHURCH)	SPEECH	JULY 13, 1993	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or **production of income with a fair market value exceeding $1,000** at the end of the reporting year, **and (b) any other asset** or source of income which **generated more than $200** in "unearned" income **during the year.** For rental property or land, provide **an address.** Provide full names of any mutual **funds.** For an IRA or retirement plan that is self-**directed,** list the underlying assets worth more than **$1,000.** For an IRA or retirement plan that is not **self-directed,** name the institution holding the **account.**

Exclude: Your personal residence(s) (unless there is **rental income**); any debt owed to you by your **spouse,** or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year.
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	ALLATOONA FEDERAL STOCK			X													X										
JT	COBB FEDERAL IRA				X													N.	A.								
JT	GEORGIA SECURITY BANK STOCK			X										X					X								S
S	WESTSIDE BANK STOCK			X																							
				X																							

For additional assets and unearned income, use next page.

Name DARDEN

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	GEORGIA SECURITY BANK STOCK		X		12/28/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts*** only if the balance at the end of the reporting period **exceeded $10,000.** For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by **you, your spouse,** or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and **the amount of time,** if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly **by the sponsor.**

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally **independent** of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	CSX CORPORATION (TRANSPORTATION SEMINAR)	5/29 5/31	WASH, D.C.-WHITE SULPHUR SPRINGS, W.VA WASH, D.C.	Y	Y		N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
TRUSTEE	RICHARD B. RUSSELL FOUNDATION

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 — 75-884 (mk)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 5:18
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

John Nathan Deal
(Full Name)

8905 Skitts Mountain Road
Lula, Georgia 30554
(Mailing Address)

404-933-99[illegible]7
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Georgia District 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ] No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Nathan Deal

DATE (Month/Day/Year) May 16, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	General Assembly of Georgia, Atlanta, Georgia	Salary & Expenses	$108.20
	Hall County Board of Education, Gainesville, Georgia	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Coca Cola, Inc., Atlanta, Georgia	Speech	Dec. 17, 1993	$2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Nathan Deal

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Note Receivable-Chas. D. & Norma Matthews-1/2 Interest				X								X									X					
	1/2 Interest-212 Green Street Gainesville, Ga. Building							X				X											X				
JT	Rental House-8811 Skitts Mt. Rd Lula, Ga.				X							X									X						
	10% int. Banks Lands Ltd. Limited Partnership			X							X		X	X					X								
	IRA-1st National Bank Gainesville, Ga.					X							X								X						
	IRA-Community Bank & Trust Cornelia, Ga.			X							X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name John Nathan Deal

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; Over $1,000,000	P, S, E
	IRA-Lanier National Bank Gainesville, Ga.	B	INTEREST	III	
	IRA-Home Trust Bank Gainesville, Ga.	C	INTEREST	IV	
	Wachovia Corp. Stock	B	DIVIDENDS	III	
	1st Nat. Bancorp Stock	B	DIVIDENDS	III	
	1st Nat. Bank Account	B	INTEREST	II	
	Wachovia Bank Account	B	INTEREST	II	
	N. Ga. Farm Credit Stock	B	DIVIDENDS	V	
	Recovery Services, Inc. Stock	C	DIVIDENDS	I	
	Ga. Dept. of Revenue	B	Income Tax Refund	IV	
	Internal Revenue Service	B	Income Tax Refund	V	

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SCHEDULE IV — TRANSACTIONS

Name John Nathan Deal | Page 6 of 9

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	N/A												

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Name John Nathan Deal | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	1st Nat. Bank, Gainesville, Ga.	Mortgage on 212 Green Street Gainesville, Ga.		X					
	Nachovia Bank, Gainesville, Ga.	Mortgage on 212 Green Street Gainesville, Ga.		X					
	1st Nat. Bank, Gainesville, Ga.	Unsecured Note		X					
	Trust Co. Bank, Gainesville, Ga.	Recovery Services,Inc.-Note					X		
	Citizens Bank, Gainesville, Ga.	Recovery Services,Inc.-Note		X					
	Gainesville Bank & Trust, Gainesville, Ga.	Secured Note		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
N/A							

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Name John Nathan Deal	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Deal & Jarrard, Real Estate Partnership
Sec./Treas.	Recovery Services, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Peter A. DeFazio
Full Name

1233 LHOB.
Mailing Address

202 225 6416
Telephone Number

HAND DELIVERED
(Office Use Only)

9

Filer Status	☒ Member of the U.S. House of Representatives — State: OR District: 4	☐ Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☒ Annual (May 15) ☐ Amendment	☐ Termination — Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter A. DeFazio

DATE (Month/Day/Year): 7 May 94

Name DeFazio | Page 18

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. GOVT	SELF SALARY	
	CITY OF EUGENE OR	SPOUSE SALARY	

For payments to charity in lieu of honoraria, use Schedule II

Name	DeFazio	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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Name DeFazio

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

				A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Examples:	SP	Mega Corp. Stock			X							X							X									P
DC			123 Main St., Dover, Del.						X					X									X						
JT			1st Bank of Peoria, IL accounts				X								X						X								
SP	1979 WALNUT GROVE DECATUR ILL - LAND SALE CONTRACT - J. JACKSON ESCROW SOY CAPITAL BANK					X									X	X					X								
SP	DEFERRED COMPENSATION - VALIC					X													NA										
SP	IRA - BERGER FUND					X													NA										
SELF	FERS DEFERRED COMP ACCT						X																						
SELF	IRA - SELF DIRECTED				X																								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DeFazio

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	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	RoyALTIES	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
1	IRA Details ↓																									
"	TRAK AUTO STOCK		X													X										
"	QMS STOCK		X													X										
"	FIL. BEMT STOCK		X														X									
"	Money Market			X													X									
SELF	OAKMARK Fund			X													X									
SP	BERGER Fund 100			X													X									

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SCHEDULE IV — TRANSACTIONS

Name DeFazio

Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10–12–93		X					
		NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	COUNTRYWIDE FUNDING ½ INTEREST	MORTGAGE 53880 PINE GROVE Rd LaPINE OR		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N.W. Newsletter Conference	Jan 7-10	Wash DC-Seattle-Eve-D.C.	Y	Y	N	2 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	NONE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 18 AM 9:05

HAND DELIVERED

9

Peter A. DeFazio
1233 Longworth
202/225-6416

Filer Status	☒ Member of the House of Representatives	OR 4	☐
Report Type	☐ Annual (May 15)	☒ Amended	☐ Termination (Termination Date)

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Peter A. DeFazio

DATE (Month Day Year): 5/17/94

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Name	Page
DeFazio	1 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. Government	Self Salary	
	City of Eugene, OR	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name DeFazio | Page 2 of 5

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoranum A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash. D C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug 13 1993	$500
	NONE			

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Name Defazio | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide **an address.** Provide full names of any mutual **funds.** For an IRA or retirement plan that is self-**directed, list the underlying assets worth more than $1,000.** For an IRA or retirement plan that is not **self-directed,** name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts, any financial interests in or income derived from U S Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None"

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples	SP	Mega Corp Stock	123 Main St Dover, Del	1st Bank of Peoria, IL accounts	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
				X											X								X								P
											X					X															
										X							X														
SP	834 Walnut Grove Decatur Ill land Sale Contract - J. Jackson Escrow, Sey Capital Bank							X									X	X						X							
SP	Deferred Compensation - VALIC							X													N/A										
SP	IRA - Berger fund (Exempt Transfer From VALIC)							X													N/A										
Self	Fedex Deferred Comp Acct								X												N/A										
Self	IRA Self Directed Pridwell + Co.						X														See next page.										

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Defrazic

Page 4 of 3

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	RAL. ESTATE	EXCEPTED TRUST	BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
IRA Details																										
— Trak Auto Stock		X														X										
- GMS Stock		X														X										
- Fil. Bsmt Stock		X											X				X									Stock appreciated but not sold
Money Market			X									X					X									
Self. Oakmark fund			X														X									
S. Berger Fund ICC			X														X									

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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Name Dettzic | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Countrywide Funding ½ interest (Refinanced for balance owed, Previously Financed by American Residential)	Mortgage 53880 Pine Grove Rd, LaPine, OR		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	N.W. Newsletter Conference	Jan 7-10	Wash, DC. - SeaTac - Eug - DC.	Y	Y	N	2days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	None - BVF Partnership dissolved w/ sale of property as reported last year

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

REC'D
1994 MAY 13 PM 3:49
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
MC
HAND DELIVERED
4

E (Kika) de la Garza

1401 Longworth House Office Building 202/225-2531

Washington, D.C. 20515

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas District: 15th	[ ] Officer or Employee	[ ] Candidate — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[XX]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[XX]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: E. de la Garza

DATE (Month Day Year): 5/12/94

Name E (Kika) de la Garza | Page 2 of 4

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Pennsylvania Farmers Association, Hershey, Pa.	Speech	April 20, 1993	$500.00
Brookings Institute, Washington, D.C.	Speech	April 19, 1993	400.00
American Bankers Assn, Minneapolis, Mn	Speech	(check dated & sent 1/93) 11/16/92	1000.00
Southwestern Peanut Shellers Assn, Dallas, Tx	Speech	Aug 3, 1993	500.00

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Name E (Kika) de la Garza | Page 3 of 4

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A
[illegible] and/or Income Source

[illegible] for investment or [illegible] fair market value [illegible] of the reporting year, [illegible] asset or source of income which [illegible] than $200 in "unearned" income [illegible] rental property or land, provide [illegible] full names of any mutual [illegible] IRA or retirement plan that is self-[illegible] underlying assets worth more than [illegible] IRA or retirement plan that is not [illegible] name the institution holding the [illegible]

[illegible] your personal residence(s) (unless there is [illegible] income); any debt owed to you by your [illegible] or by your or your spouse's child, parent, [illegible]; any deposits totalling $5,000 or less in [illegible] savings accounts; any financial interests in or [illegible] derived from U.S. Government retirement [illegible]

[illegible] exclude, you may indicate that an asset or [illegible] source is that of your spouse (SP) or [illegible] child (DC) or is jointly held (JT), in the [illegible] column on the far left.

[illegible] information, see Instructions, pages 14–20.

BLOCK B — **Value of Asset**: at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — **Type of Income**: If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — **Amount of Income**: For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — **Transaction**: Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

[illegible]	Block A: Asset and/or Income Source	Block B: Value of Asset									Block C: Type of Income						Block D: Amount of Income									Block E: Transaction
		[illegible]	A	[illegible]	C	[illegible]	E	[illegible]	G	H								I	II	[illegible]	IV	[illegible]	VI	[illegible]	VIII	[illegible]	
		None	$1 – $1,000	$1,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $250,000	$250,001 – $500,000	$500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	$1 – $200	$201 – $1,000	$1,001 – $2,500	$2,501 – $5,000	$5,001 – $15,000	$15,001 – $50,000	$50,001 – $100,000	$100,001 – $1,000,000	Over $1,000,000	P, S, E
SP	Example: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Wright Patman Federal C.U.				X								X						X								
	IRA - Washington Federal			X									X						X								
	County & Municipal Employees CU			X									X						X								
	New York Life			X									X						X								
	Texas Regional BancShares				X																						

For additional assets and unearned income, use next page.

Name	E (Kika) de la Garza	Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Farm Credit Council	Jan 25-26	McAllen-San Antonio-DC	Y	Y	N	N
Texas Farm Bureau	Feb 21	McAllen-San Antonio				
Nat'l Corn Growers Assn	Feb 22	San Antonio - D.C.	Y	Y	N	N
(SP--	Mar 6-8	Harlingen-Dallas-McAllen)				
National Pork Producers	Mar 6-8	DC - Dallas - DC	Y	Y	Y	N
Savannah Foods Corporation	Mar 14-15	McAllen-Savannah-DC	Y	Y	N	N
Mid American Dairymen Inc	Mar 22	McAllen-Kansas City-DC	N	N	N	N
Temple Chamber of Commerce	May 6-7	Washington-Austin-McAllen	Y	Y	N	N
American Sugar Alliance	Aug 14-16	McAllen-Reno,Nv (SP McAllen-Reno-McAllen)	Y	Y	Y	N
Rule Tijerina	Oct. 16	McAllen-Beeville	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:36
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Rosa L. DeLauro
(Full Name)

49 Huntington Street
(Mailing Address)

New Haven, CT 06511

Daytime Telephone
(202) 225-3661

Filer Status	[X] Member of the U.S. House of Representatives	State District	[ ] Officer or Employee	Employing Office
Report Type	[ ] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Rosa L. DeLauro

DATE (Month/Day/Year) 5/16/94

837

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Greenberg Research, Inc.	Spouse Salary	N/A
	Random House, Inc.	Spouse Royalties	66,667
	Yale University Press	Spouse Royalties	92

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset (at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None.")

BLOCK C — Type of Income (If other than one of the listed categories, specify the type of income by writing a brief description in this block.)

BLOCK D — Amount of Income (For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.)

BLOCK E — Transaction (Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.)

Block A: Asset and/or Income Source	Owner	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
Examples: Mega Corp. Stock	SP				X						X								X								P
123 Main St., Dover, Del.	DC							X				X										X					
1st Bank of Peoria, IL accounts	JT					X							X							X							
Political Properties General Partnership (30% Owner)	JT						X				Partnership Income Stmnt I						X										
Greenberg, Research Inc. 150 Shar	SP								X		Stmnt II						X										
Horizon Towers & Executive House Holding (½ of 1 Share Own 1.2375%)	JT				X						Partnership Income Stmnt III						X										
New Haven 124 Units 5 Acres Colonial Executive Lmtd. Parnership																											
Merrill Lynch Profit Sharing	SP					X					X									X							
Greenberg Research, Inc.																											

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Rosa L. DeLauro

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
SP	TIAA/CREF Pension Plan				X						X								X								
	TIAA/CREF Pension Plan Federal Capital Bank			X							X								X								
JT	Washington, DC Fleet Bank - Savings		X										X					X									
JT	Cnnecticut Ted DeLauro Scholarship Fund			X									X					X									
	Fleet Bank		X										X				X										
	Following assets in Joint name with Louisa Delauro, My mother, for estate planning purposes only Assets are under control of and all income is reported by joint tenant Louisa Delauro																										
	1. Savings Account			X									X						X								
	2. Franklin Federal Tax Free Fund			X							X							X									
	3. Dryfus Capital Value Fund		X								X						X										

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SCHEDULE IV — TRANSACTIONS

Name Rosa L. DeLauro

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10–12–93		X					
		NONE											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse** Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded $10,000.** For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Sequoia National Bank	Mortgage on rental Property 515 2nd St., NE Wash., DC 20002				X			
SP	Colorado Student Loan - UNIPAC	Parent - Student College Loan P O BOX 1649,Denver,CO80201	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250 For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Fellow	Timothy Dwight College - Yale University

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

Rosa L. DeLauro
49 Huntington Street
New Haven, CT 06511

House of Representatives, CT, 3rd District

ATTACHMENTS: BASIS OF VALUATION

Statement I, Schedule III, Page 3
Political Properties General Partnership

D.C. Assessed Value = $690,000; 30% share $207,000
No net income

Statement II, Schedule III, page 3
Greenberg Research, Inc.

Shares value based on net book value of incorporation at 12/31/93

Statement II, Schedule III, Page 3
Colonial Executive Limited Partnership (Ownership share = 1.2375%)

Assessed value $3,045,000 * .012375 share = $37,682 (gross value)
Letter from attorney setting out outstanding mortgage and resale value; net value = 0

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Thomas Dale DeLay
(Full Name)

407 Cannon House Office Bldg.
(Mailing Address)

(202) 225-5951
(Telephone)

Washington, D.C. 20515

MC

(Office Use Only)

6

Filer Status	[X] Member of the U.S. House of Representatives — State: Texas District: 22nd	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Thomas DeLay

DATE (Month/Day/Year): 5/10/94

Name	Page [redacted]
Thomas Dale DeLay	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Fairfax County Board of Education	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas Dale DeLay | Page [redacted]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, **and** amount of any payment made by the sponsor of an event to a charitable organization **in lieu of an honorarium.** A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official **Conduct.** An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Tobacco Institute	Speech	Jan. 15, 1993	$2,000
Smokeless Tobacco Council	Appearance	May 24, 1993	$1,000
Marathon Oil	Appearance	March 21, 1993	$500

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Name Thomas Dale DeLay | Pag[redacted]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify: (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP		SP	Mega Corp. Stock				X				X								X								P
DC	Enterprise		123 Main St., Dover, Del.						X			X															
JT			1st Bank of Peoria, IL accounts					X					X														
S	Exxon						X				X									X							
JT	Albo Pest Control								X					X								X					

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Tobacco Institute	Jan 14-16	Wash., D.C.- Palm Spring CA - Wash., D.C.	Y	Y	N	N
	Int'l Mass Retail Assoc.	Jan 31 - Feb 1	Houston - FtMyer, FL- Wash., D.C.	Y	Y	N	N
	The Congressional Inst.	Feb 25-27	Wash., D.C. - Plainsboro N.J. - Wash., D.C.	Y	Y	Y	N
	Electronic Industries Asoc.	April 5-8	Houston - FtMyer, FL- Houston	Y	Y	Y	N
	Council for Nat'l Policy	May 8	Newburgh, N.Y - Richmond,VA- Wash, DC	N	Y	N	N

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Name Thomas Dale DeLay	Page [redacted] of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Chairman of the Board	Albo Pest Control

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 - 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 PM 1:19
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

Ronald V. Dellums
Full Name

2108 Rayburn HOB, Washington, DC 20515
Mailing Address

(.....)
Telephone

Filer Status	☐ Member of the U.S. House of Representatives. State: CA District: 9th	☐ Officer or Employee. Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	☐ Annual (May 15) ☐ Amendment	☐ Termination. Termination Date:	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Ronald V. Dellums

DATE (Month/Day/Year): May, 16, 1994

Name	Page 2 of 2
Ronald V. Dellums	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Washington and Christian Washington, DC	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 9:42

(Office Use Only)

9

RON DE LUGO

2427 RAYBURN HOUSE OFFICE BUILDING, WASH. D.C. 20515 202-225-1790

Filer Status: [X] Member of the U.S. House of Representatives — State: VIRGIN ISLANDS District: AT LARGE [ ] Officer [ ] Employee [ ] Employee-Nominee

Report Type: [X] Annual (May 15) [ ] Amendment [ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

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SIGNATURE OF REPORTING INDIVIDUAL
RON DE LUGO

DATE (Month, Day, Year)
3/12/94

855

Name	RON DE LUGO	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Diplomsatic Duty Free Shop, Wash., D.C.	Spouse	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	RON DE LUGO	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500

This page may be copied if more space is required.

Name RON DE LUGO | Page 4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

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If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
SP (Examples)	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peona, IL accounts					X							X							X							
	Apartment 4D-2, St. Joseph & Rosendahl, St. Thomas, V.I.				X							X											X				
	Apartment, 922 24th St., N.W. Washington, D.C. 20037			X								X								X							
	Fortuna Bay Estates, Stock		X								X							X									
	Fortuna Bay Estates, Land						X							X				X									
	Estate Fortuna #3, 5 A/C					X								X				X									
	Fortuna Bay Est., Inc. A/C Rec						X							X				X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name RON DE LUGO

Page 5 of 9

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Estate Fortuna Parcel $4-1-60						X										X										
	(sec.A) Land																										
	Congressional FCU		X										X					X									
	Dyco Petroleum		X								X							X									
	Ottley Communications						X				X							X									
	Vanguard - Star Fund (IRA)				X								X									X					
	Estate La Reine (Land)				X												X										
	Vanguard Group-Wellington Fund			X															X								

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SCHEDULE IV — TRANSACTIONS

Name RON DE LUGO

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Estate Fortuna No. 4-S (9-93)		X				X					

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Wright Patman Congressional Federal Credit Union (Personal)			X					
	Central Fidelity Charter Bank (Consumer Credit)		X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President (Uncompensated-See Schedule III)	Fortuna Bay Estates. Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:25

HAND DELIVERED
(Office Use Only)

Butler C. Derrick, Jr.
(Full Name)

221 Cannon House Office Building, Washington, D.C. 20515 202-225-5801
(Mailing Address) (Daytime Telephone)

Filer Status	[X]	Member of the U.S. House of Representatives — State SC District 3	[ ]	Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X]	Annual (May 15)	[ ]	Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Butler C. Derrick Jr.

DATE (Month/Day/Year) 5/12/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Beverly Derrick, spouse, self-employed artist	Artist Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Butler C. Derrick, Jr.	Page 5 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D C	Speech	Feb 2 1993	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1993	$500
American Medical Association	Speech	10/23/93	$2000.
The Connell Company	Speech	11/2/93	$2000.
Interstate Natural Gas Association	Speech	11/6/93	$2000.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Butler C. Derrick, Jr.

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock			X							X								X								P
Examples: DC	123 Main St., Dover, Del						X					X										X					
Examples: JT	1st Bank of Peona, IL accounts					X							X							X							
	Business Development Corporation, Edgefield, S.C. (bonds)		X														X										
SP	Delta Woodside Industries, Inc.	X									X							X									S

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Butler C. Derrick, Jr. | Page 5 of 8

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information see Instructions, pages 20–21		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
SP	Delta Woodside Industries, Inc. Stock		X		6-14-93	X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	County Bank, Greenwood, S.C.	personal unsecured note	X						
	United Savings Bank, Greenwood, S.C.	personal unsecured note		X					
	Wright Patman Federal Credit Union	personal unsecured note	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	none	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	S.C. Textile Manufacturers Assoc	3-20-93	Aiken,SC - Hilton Head, SC-Aiken,SC	N	Y	N	none
	American Medical Association	10/22-25/93	Wash,DC - San Francisco-Wash,DC	Y	Y	Y	none
	The Connell Company	11/1-3/93	SC - Newark, NJ - Wash,DC SC - Newark, NJ - SC (SP)	Y	Y	Y	none
	Interstate Natural Gas Assoc.	11/6/93	Aiken,SC - Kiawah Island, SC-Aiken, SC	N	N	N	none

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Edgefield County Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO 1994 75-884 (mar.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Peter Russell Deutsch
(Full Name)

PO Box 26778
Tamarac, Fla 33320
(Mailing Address)

Daytime Telephone: 305-473-3936

MC (Office Use Only)

9

Filer Status	☑ Member of the U.S. House of Representatives	State: Fla. on District: 20	☐ Officer or Employee	Employing Office:
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Peter Deutsch

DATE (Month/Day/Year): 4/25/94

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples.	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Great Western Bank	Speech	Aug 9, 1993	$500

This page may be copied if more space is required.

Name Peter Deutsch | Page 3 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	4930 NW 65th Ave, Lauderhill, Fla.						X										X										
	4350 S Pine Island Rd, Davie, Fla.						X										X										
	Loan to Peter Deutsch for longpass							X									X										
	IRA - Smith Barney Money Funds		X										X														
	IRA - Pilgrim Prime Rate Fund			X							X		X	X													
	IRA - Van Kampen Merrill			X									X														

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	IRA – Tiger Six			X									X	X			9/1										
	IRA – GT Global Telecommunications			X							X		X	X			9/1										
	IRA – GT Global Health Care			X							X		X	X			9/1										
	Keogh – Smith Barney Money Fund			X									X				9/1										
	Keogh – Oppenheimer High Yield Fund				X						X		X	X			9/1										
	Keogh – New American High Income Fund			X							X		X	X			9/1										
	Keogh – Van Kampen Merritt Inter			X									X				9/1										
	Keogh – Van Kampen Merritt LTD			X							X		X	X			9/1										
	Keogh – Zenith Income Fund			X							X		X	X			9/1										
SP	Genicorp			X							X								X								
SP	Zenith			X							X						X										
SP	IRA – Bennetton			X							X			X			9/9										
SP	IRA – Genicorp			X							X			X			9/1										
SP	IRA – IVAX			X							X			X			9/1										
SP	IRA – Stryker			X							X			X			9/1										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Peter Deutsch

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	IRA - Summit Technologies			X							X			X													
SP	IRA - Toys R Us			X							X			X													
SP	IRA - Tseng Laboratories			X							X			X													
SP	IRA - VISX Inc			X							X			X													
SP	IRA - GT Global Telecommunications			X							X			X													
DC	Axe Houghton B Fund			X							X			X				X									
DC	Bank of North America, Lauderhill, Fla.			X									X					X									
DC	1st Union C.D., Miami, Fla.				X								X						X								
DC	Broward County Tax Liens			X									X						X								
DC	Smith Barney Money Fund				X								X						X								
DC	Mortgage - 312 NW 47th Ave., Pmp. Fla.				X								X								X						
DC	4350 S. Pine Island Rd., Davie, Fla.				X												X										
DC	T. Rowe Price, Balanced Fund			X							X		X	X				X									

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SCHEDULE IV — TRANSACTIONS

Name Peter Deutsch

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Keogh - American Express Money Fund		X		1/4/93		X					
	Keogh - New American High Income Fund	X			1/4/93	X						
	Keogh - Van Kampen Merritt Inter	X			1/4/93	X						
	Keogh - Van Kampen Merritt LTD	X			1/4/93	X						
	Keogh - Zenith Income Fund	X			1/4/93	X						
	IRA - American Express Money Fund		X		1/4/93	X						
	IRA - Van Kampen Merritt	X			1/4/93	X						
	Deferred Compensation - Great Western Bank		X		1/29/93		X					
SP	IRA - Gent Zero Coupons		X		4/13/93	X						
SP	IRA - IVAX	X			4/13/93	X						
SP	IRA - Walmart		X		4/13/93	X						
SP	IRA - GT Global Telecommunications	X			4/13/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	First Union Mortgage Corp; Raleigh, N.C.	Mortgage on 4430 NW 65th Ave; Lauderhill, Fla.				X			
JT	California Federal; Sunrise, Fla.	Equity Loan on 4430 NW 65th Ave.; Lauderhill, Fla.		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	June 1-6	Miami - Tel Aviv - Miami	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Jewish Federation of Ft. Lauderdale

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

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U.S. HOUSE OF REPRESENTATIVES

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(Office Use Only)

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

LINCOLN R. DIAZ-BALART
(Full Name)

6920 S.W. 94th Avenue
(Mailing Address)

Daytime Telephone: (305) 470-8555

Miami, FL 33173

Filer Status	[x] Member of the U.S. House of Representatives — State: Florida, District: 21	[ ] Officer or Employee	Employing Office:
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	x	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		x
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	x	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	x	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	x	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		x
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	x	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**		x
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		x

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		x
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		x

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month/Day/Year): MAY 12 1994

Name	Lincoln R. Diaz-Balart	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Amerisecurities Capital Corp. Miami, FL	Spouse Salary	N/A
	The Partners Financial Group, Inc. Miami, FL	Spouse Salary	N/A
	Fowler, White et al, P.A. (Law firm)	Income earned prior to 1/5/93	$1,346

For payments to charity in lieu of honoraria, use Schedule II.

Name Lincon R. Diaz-Balart | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	A $1 – $1,000	C $15,001 – $50,000	E $100,001 – $250,000	G $500,001 – $1,000,000	H	DIVIDENDS	INTEREST	EXCEPTED TRUST	None	II $201 – $1,000	IV $2,501 – $5,000	VI $15,001 – $50,000	VIII $100,001 – $1,000,000	P, S, E
SP, DC, JT	Examples: Mega Corp. Stock; 123 Main St., Dover, Del.; 1st Bank of Peoria, IL accounts		X		X		X	X			X				P
JT	Franklin Tax Free Bonds		X					X			X				S
JT	6920 SW 94th Avenue Miami, Fl. (home and household items)					X				X					P (1989)
	Fidelity Puritan Fund		X				X	X		N/A – IRA					P
SP	Fidelity Contra Fund		X				X	X		N/A – IRA					P
	The New England (life insurance policy)		X				X				X				P (1986)
	Lincoln Mark VII - 1988 (car)		X												P (1990)

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln R. Diaz-Balart

Page 4 of 7

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset							BLOCK C Type of Income				BLOCK D Amount of Income								BLOCK E Transaction
			A $1 - $1,000	C $15,001 - $50,000	E $100,001 - $250,000	G $500,001 - $1,000,000			DIVIDENDS	INTEREST	EXCEPTED TRUST		None	II $201 - $1,000	IV $2,501 - $5,000	VI $15,001 - $50,000	VIII $100,001 - $1,000,000			P S E	
SP	Mercury Sable (car)																				P (1989)

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: SALE	Date (MO/DAY/YR)	Amount of Transaction: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000
Example:	Mega Corporation Common Stock		10–12–93	X		
JT	Franklin Tax Free Bonds	X	4/12/93			

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Name Lincoln R. Diaz-Balart | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: C $15,001–$50,000	E $100,001–$250,000	G $500,001–$1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.		X	
JT	Republic Bank	Mortgage on 6920 SW 94th Ave.		X	

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Lincoln R. Diaz-Balart | Page 7 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute Inc.	2/25-27	Wash., D.C. - Princeton-Wash., D.C.	Y	Y	Y	N
	Continental Newspaper	3/6-3/7	Miami - NYC - Miami	N	Y	Y	N
	Chicago Mercantile Exchange	4/23-4/24	Wash., D.C. - Chicago - Miami	Y	Y	N	N
	We Will Rebuild	5/3	Miami-Orlando-Miami	N	N	N	N
	AIPAC	6/1-6/6	Miami -Tel Aviv-Wash., D.C.	Y	Y	Y	N
	U.S.-Hispanic Leadership	10/30-10/31	Miami-Chicago-Miami	Y	Y	Y	N
	Tertulia Cubana of Houston	11/13-11/14	Miami-Houston-Miami	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 17 AM 11:06

HAND DELIVERED
(Office Use Only)

7

LINCOLN R. DIAZ-BALART
(Full Name)

6920 S.W. 94th Avenue
(Mailing Address)

Miami, FL 33173

Daytime Telephone (305)470-8555

Filer Status	[X] Member of the U.S. House of Representatives — State Florida District 21	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) MAY 12 1994

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SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

Source	Type	Amount
Examples: Jefferson University; State of Maryland; Civil War Roundtable (Oct. 2nd); Fairfax County Board of Education	Approved Teaching Fee; Legislative Pension; Spouse Speech; Spouse Salary	$6,000; $9,000; $1,000; NA
Amerisecurities Capital Corp. Miami, FL	Spouse Salary	N/A
The Partners Financial Group, Inc. Miami, FL	Spouse Salary	N/A
Fowler, White et al, P.A. (Law firm)	Income earned prior to 1/5/93	$1,346

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Franklin Tax Free Bonds			X									X						X								S
JT	6920 SW 94th Avenue (home and household items) Miami, Fl.							X									X										P (1989)
	Fidelity Puritan Fund			X							X			X			N/A - IRA										P
SP	Fidelity Contra Fund			X							X			X			N/A - IRA										P
	The New England (life insurance policy)			X							X								X								P (1986)
	Lincoln Mark VII - 1988 (car)			X																							P (1990)

For additional assets and unearned income, use next page.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln R. Diaz-Balart

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
SP	Mercury Sable (car)			x																							P (1989)

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Name Lincoln R. Diaz-Balart | Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10-12-93		X					
JT	Franklin Tax Free Bonds		X		4/12/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Republic Bank	Mortgage on 6920 SW 94th Ave.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Congressional Institute Inc.	2/25-27	Wash., D.C. - Princeton - Wash., D.C.	Y	Y	Y	N
Continental Newspaper	3/6-3/7	Miami - NYC - Miami	N	Y	Y	N
Chicago Mercantile Exchange	4/23-4/24	Wash., D.C. - Chicago - Miami	Y	Y	N	N
We Will Rebuild	5/3	Miami-Orlando-Miami	N	N	N	N
AIPAC	6/1-6/6	Miami -Tel Aviv- Wash., D.C.	Y	Y	Y	N
U.S.-Hispanic Leadership	10/30-10/31	Miami-Chicago-Miami	Y	Y	Y	N
Tertulia Cubana of Houston	11/13-11/14	Miami-Houston-Miami	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED

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MC

(Office Use Only)

LINCOLN R. DIAZ-BALART
(Full Name)

6920 S.W. 94th Avenue
(Mailing Address)

Daytime Telephone (305) 470-8555

Miami, FL 33173

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 21	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) MAY 12 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Amerisecurities Capital Corp. Miami, FL	Spouse Salary	N/A
	The Partners Financial Group, Inc. Miami, FL	Spouse Salary	N/A
	Fowler, White et al, P.A. (Law firm)	Income earned prior to 1/5/93	$1,546

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lincon R. Diaz-Balart | Page 3 of 7

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Franklin Tax Free Bonds			X									X						X								S
JT	6920 SW 94th Avenue Miami, Fl. (home and household items)							X									X										P (1989)
	Fidelity Puritan Fund			X							X			X			N/A - IRA										P
SP	Fidelity Contra Fund			X							X			X			N/A - IRA										P
	The New England (life insurance policy)			X							X								X								P (1986)
	Lincoln Mark VII - 1988 (car)			X																							P (1990)

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Lincoln R. Diaz-Balart

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mercury Sable (car)			x																						P (1989)

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SCHEDULE IV — TRANSACTIONS

Name Lincoln R. Diaz-Balart

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
JT	Franklin Tax Free Bonds		x		4/12/93	x						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Republic Bank	Mortgage on 6920 SW 94th Ave.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute Inc.	2/25-27	Wash., D.C. - Princeton - Wash., D.C.	Y	Y	Y	N
	Continental Newspaper	3/6-3/7	Miami - NYC - Miami	N	Y	Y	N
	Chicago Mercantile Exchange	4/23-4/24	Wash., D.C. - Chicago - Miami	Y	Y	N	N
	We Will Rebuild	5/3	Miami-Orlando-Miami	N	N	N	N
	AIPAC	6/1-6/6	Miami -Tel Aviv-Wash., D.C.	Y	Y	Y	N
	U.S.-Hispanic Leadership	10/30-10/31	Miami-Chicago-Miami	Y	Y	Y	N
	Tertulia Cubana of Houston	11/13-11/14	Miami-Houston-Miami	Y	Y	N	N

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LINCOLN DIAZ BALART
21ST DISTRICT, FLORIDA
COMMITTEE ON
FOREIGN AFFAIRS
COMMITTEE ON
MERCHANT MARINE
AND FISHERIES
CHAIRMAN
SUBCOMMITTEE ON LATIN AMERICAN
AND CARIBBEAN AFFAIRS

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WASHINGTON, DC 20515-0921
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SUITE 102
MIAMI, FL 33166
(305) 477-8550

Congress of the United States
House of Representatives
Washington, DC 20515-0921

May 23, 1994

Mr. Don Anderson
Clerk of the House
U.S. House of Representatives
Office of Records and Registration
1036 Longworth H.O.B.
Washington, D.C. 20515

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Dear Mr. Anderson:

This letter is to serve as a Statement of Amendment to my 1993 Financial Disclosure Form, Schedule IV - Transactions (p. 5). Please amend to add the following therein:

1. Fidelity Puritan Fund purchased 4/12/93 category B

2. SP Fidelity Contra Fund purchased 4/12/93 category B

Thank you for your attention to this matter. Please contact me should there be any questions.

Sincerely,

Lincoln Diaz-Balart

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 3:11

(8)

Jay W. Dickey, Jr.
Post Office Box 6038, Pine Bluff, AR 71611
202-225-3772

Filer Status	☒ Member of the House of Representatives — State: Arkansas District: Fourth	☐ Other Employee	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	☐	☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	☐	☒
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	☒	☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	☒	☐
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	☒	☐
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	☐	☒
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	☐	☒
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	☒	☐
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	☐	☒

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	☐	☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	☐	☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jay W. Dickey Jr.

DATE (Month Day Year): 05/12/94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Wal-Mart Stores, Inc. stock							X			X								X								
DC	Wal-Mart Stores, Inc. stock					X					X							X									
DC	Wal-Mart Stores, Inc. stock				X						X							X									
	Dickey Kirkstate, P.A. stock								X								X										
	GRA, Inc. stock								X		X												X				
	FIG, Inc. stock				X												X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Adventure Travel, Inc. stock					X											X										
	Rah Rah, Inc. stock				X												X										
	Condray Sign & Advtg. Co. stock				X												X										
	Note Rec. - Condray Sign & Advtg.						X						X									X					
	Note Rec. - Adventure Travel, Inc.			X									X							X							
	Note Rec. - Rah Rah, Inc.						X										X										
	Note Rec. - Dickey Real Estate, P.A.					X							X										X				
	Note Rec. - GRQ, Inc.						X						X										X				
	Note Rec. - FIG, Inc.			X													X										
	Note Rec. - Dickey for Congress				X								X					X									
	Metropolitan Life Ins. Annuity			X									X						X								
	IRA account - Worthen Nat'l Bank				X						X							X									
	Leasehold interest in cottage Ludington, Michigan						X					X									X						
	Land located at 28th & Olive sts. Pine Bluff, Arkansas						X					X												X			
	Residential Rental Property 512 West 27th Pine Bluff AR				X							X								X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Jay W. Dickey, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	1.09 acre lot, Blake & M. Mitchell sts. Pine Bluff, Arkansas						X										X										
	1.82 acre lot, Blake & M. Mitchell sts. Pine Bluff, Arkansas						X					X											X				
	1/4 interest land and bldg. at 5th & Walnut sts. Pine Bluff, AR					X						X										X					
	1/2 interest in land (9 acres) Jefferson County, Arkansas		X														X										
	1/4 interest in land (60 acres) Jefferson County, Arkansas			X													X										

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SCHEDULE IV — TRANSACTIONS

Name Jay W. Dickey, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
	Wal-Mart Stores, Inc. for IRA account	X			4-15-93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Betty Dickey, Pine Bluff, AR	Mortgage on 2710 Olive St., Pine Bluff			XX				
	Betty Dickey, Pine Bluff, AR	unsecured notes payable			XX				
	GRQ, Inc., Pine Bluff, AR	unsecured loan					XX		
	Adventure Travel, Inc., Pine Bluff AR	unsecured loan	XX						
	Simmons First Nat'l Bank, Pine Bluff AR	Condray Sign Note Payable				XX			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Dickey Real [illegible] P.A. Pine Bluff, AR	unsecured loan					XX		
	Juanita Davis, Pine Bluff, AR	Mortgage on 512 W. 27th, Pine Bluff	XX						
	Worthen National Bank, Pine Bluff AR	line of credit			XX				
	Simmons First Nat'l Bank, Pine Bluff AR	line of credit		XX					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position *	Name of Organization
Director	Dickey Real Estate, P.A.
Director	Cundray Sign & Advertising Co., Inc.
Director	Adventure Travel, Inc.
Director	FIG, Inc.
Director	Rah Rah, Inc.
Director	GRQ, Inc.

*NOTE — none of these directorships are compensated positions

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:

HAND DELIVERED

(Office Use Only)

Norman De Valois Dicks
(Full Name)

6223 30th Street NW
(Mailing Address)

Washington, DC 20015
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State WA District 6	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Norman D. Dicks

DATE (Month/Day/Year): 13 May 1994

Norman D. Dicks 17

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Civic Service Inc	Spouse Salary	NA
	Washington, Inc	Spouse Speech	$1000

For payments to charity in lieu of honoraria, use Schedule II

Name	Page 2 of 7
Norman D. Dicks	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
American Council of Life Insurance	Speech	Jan. 27, 1993	$2000

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Name Norman D. Dicks | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
JT	Merrill Lynch Municipal Bond Fund Vienna, VA			X							X			X					X								
JT	Merrill Lynch Basic Value Fund Vienna, VA		X								X			X				X									S
JT	924 Shorewood Drive, Bremerton, WA					X						X										X					
S	Massachusetts Mutual Life Ins. Co., Springfield, MA			X										NA						NA							
	Massachusetts Mutual Life Ins. Co., Springfield, MA			X									NA							NA							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Norman D. Dicks

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
S	Allianz Life Ins. Co. of North America, Minneapolis, MN (Annuity)			x									x						x								E
	Allianz Life Ins. Co. of North America, Minneapolis, MN (Annuity)			x									x						x								E
	Both rolled over from Fidelity Bankers Life Insurance																										
DC	Security Pacific Bank, Seattle, WA Bremerton Branch			x									x						x								
DC	Security Pacific Bank, Seattle, WA Bremerton Branch			x									x						x								

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SCHEDULE IV — TRANSACTIONS

Name Norman D. Dicks

Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
JT	Merrill Lynch Basic Value Fund		X		11-09-93 and 12-16-93	X						

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Name Norman D. Dicks | Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Knight Tuition Payment Plans, Boston MA	school loan for son	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Association of American Railroads (Legislative conference, addressed conference)	Feb. 12-15	Seattle-Palm Springs-DC	Y	Y	Y	N
	Northrop Corp. (Status reports and overviews of projects)	Mar. 5-8	Wash. DC-Palm Springs-LA-Wash.DC	y	y	n	n
	Electronic Industries Association Legislative conference, panel discussion)	Apr.6-11	Wash,DC-Fort Myers,FL-Seattle,WA	y	y	n	2 days
	Northrop Corp. (briefings and toured facilities)	Nov.27-Dec. 5	Wash. DC-Los Angeles-Seattle-WA	y	y	n	5 days

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:09

HAND DELIVERED
(Office Use Only)

John David Dingell
(Full Name)
2328 Rayburn House Office Building
(Mailing Address)
Washington, D.C. 20515
(Daytime Telephone)
202-225-4071

Filer Status	[X] Member of the U S House of Representatives	State Michigan District 16th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [X]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 12, 1994

Name John David Dingell	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	General Motors Corporation	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name John David Dingell | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i e , speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash D C	Speech	Feb 2 1993	$2,000
Examples: XYZ Magazine	Article	Aug 13, 1993	$500
Ogden Martin Systems, Inc.	Speech	Jan. 11, 1993	$2,000
Arnold & Porter	Speech	Feb. 17, 1993	$2,000
The Aluminum Association	Speech	Apr. 1, 1993	$2,000
National Electrical Manufacturers Association	Speech	Jun. 8, 1993	$2,000
Berliner, Boyette, Bockorny & Clough, Inc.	Speech	Jul. 22, 1993	$1,000
Congressional Roundtable	Speech	Oct. 7, 1993	$2,000
Executive Enterprises, Inc.	Speech	Nov. 15, 1993	$2,000
Berliner, Boyette, Bockorny & Clough, Inc.	Speech	Dec. 7, 1993	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide its address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Examples:		Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E
SP		SP	Mega Corp. Stock				X							X									X								P
DC			123 Main St., Dover, Del.							X					X										X						
JT			1st Bank of Peoria, IL accounts					X								X															

See Attached Sheets

For additional assets and unearned income, use next page.

FINANCIAL DISCLOSURE STATEMENT FOR 1993 John David Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 2

Asset	Value	Type	Income Amount	Transaction
Smith Barney Shearson Appreciation Fund Cl B	B	Dividends Cap.Gains	II	
Smith Barney Shearson Daily Dividend Fund	B	MFEarnings Dividends	I	
Balcor Pension	B	Interest	I	
Keogh Money Purchase Smith Barney Shearson	B	Dividends MFEarnings Cap.Gains	II	
Allied Cap Coml Corp	B	Dividends	II	
Allied Capitol Corporation II	B	Dividends	II	
America First Finl Fund 1987-A Ltd Partnership Ben Unit CTF	B	Interest Dividends	II	
Bergstrom Cap Corp	B	Dividends Cap.Gains	II	P
Boeing Co	B	Dividends	I	
EI DuPont DE Nemours & Co	B	Dividends	II	
Figgie Intl Inc Cl A	None	Dividends	I	S
GTE Corp	B	Dividends	II	
Gabelli Equity Trust Inc	C	Cap.Gains Dividends	II	
Intl Business Machines Corp	B	Dividends	I	
TCW Conv Secs Fd Inc	B	Cap.Gains	III	
General Motors Accept Corp	None	Interest	II	Matured
Washington Real Est Inv Tr Sbi	B	Cap.Gains	II	P
American Express Credit Corp	B	Interest	II	
National Rural Utilities Corp	None	Interest	II	Called
Morgan J.P. & Co Inc Zero Cpn	C	None		

FINANCIAL DISCLOSURE STATEMENT FOR 1993 John David Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 3

Asset	Value	Type	Income Amount	Transaction
Sears Cr Account Tr 1990-C	B	Interest	II	
Hyperion Govt Mtg Tr Ranieri	None	Dividends	II	S
Franklin Managed Tr Rising	B	Dividends	I	P
Smith Barney Shearson Appreciation Fund Cl A	B	Cap.Gains Dividends	III	P
Vista Mut Fd Group Growth & Income Fd	B	Cap.Gains	I	P
Vista Mutual Fund Group Cap Growth Fund	B	Cap.Gains	I	P
UTS Uncommon Values UT#93A Sr Fr Undiv Int	B		None	P
Nicholas Fund, Inc.	C	Dividends Cap.Gains	III	
Acorn Fund	C	Dividends Cap.Gains Dividends	III	
Evergreen Funds	B	Dividends Cap.Gains Other	III	
Janus Twenty Fund Inc	C	Dividends Cap.Gains	II	
Monetta Fund Inc.	C	Dividends Cap.Gains	II	
Lindner Dividend Fund, Inc.	C	Dividends Cap.Gains	III	P
CGM Mutual Fund	B	Dividends Cap.Gains	II	P

FINANCIAL DISCLOSURE STATEMENT FOR 1993 John David Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 4

Asset	Value	Type	Income Amount	Transaction
The Gabelli Asset Fund	B	Dividends Cap.Gains	I	P
First American Bank (now First Union)	E	Interest	III	
Nat'l Bk of Detroit	C	Interest	III	
Mobil Stocks	A	Dividends	I	
Woolworth Corp.	B	Dividends	II	
Selected American Shares	C	Dividends Cap.Gains	IV	
Municipal Bonds Oakland County, Michigan	B	Interest	II	
Smith Barney Shearson Aggressive Growth Fund Cl A	B		None	
(S) Crystal Brands Inc	A		None	
(S) General Electric Co	B	Dividends	I	
(S) General Mills Inc	B	Dividends	II	
(S) General Motors Corp	E	Dividends	IV	
(S) General Motors Corp Cl E	B	Dividends	II	
(S) General Motors Corp Cl H	B	Dividends	II	
(S) K Mart Corp	B	Dividends	I	
(S) Marsh & McLennan Cos Inc	B	Dividends	II	
(S) Pepsico Inc-North Carolina	D	Dividends	II	
(S) Praxair Inc	B	Dividends	I	
(S) Procter & Gamble Co	B	Dividends	I	
(S) Union Carbide Corp	B	Dividends	I	

FINANCIAL DISCLOSURE STATEMENT FOR 1993 John David Dingell

SCHEDULE III - ASSETS AND "UNEARNED" INCOME Page 5

Asset	Value	Type	Income Amount	Transaction
(S) Unisys Corp	B		None	
U.S. Series H-Bonds	B	Interest	I	
(JT) Congressional Federal Credit Union	A	Interest	I	
(S) General Motors Deferred Savings Program	E			
(S) General Motors Pension	N/A as pension is vested. No actual value can be fixed.			
(S) Gabelli Value Fund Inc.	B	Dividends Cap.Gains	I	

SCHEDULE IV — TRANSACTIONS

Name John David Dingell

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Bergstrom Cap Corp	X			1-6-93	X						
	Figgie Intl Inc ClA		X		8-6-93	X						
	General Motors Accept Corp	Matured			7-1-93	X						
	Washington Real Est Inv Tr Sbi	X			7-2-93	X						
	National Rural Utilities Corp	Called			6-16-93	X						
	Alliance New Europe Fund Inc		X		1-5-93	X						
	Hyperion Govt Mtg Tr Ranieri		X		12-14-93	X						
	Franklin Managed Tr Rising Dividends Fund	X			1-26-93	X						
	Smith Barney Shearson Appreciation Fund Cl A	X			2-23-93	X						
	Smith Barney Shearson Appreciation Fund Cl A	X			2-18-93	X						
	Smith Barney Shearson 1990s Fund Cl A		X		2-23-93	X						
	Vista Mut Fd Group Growth & Income Fd	X			8-9-93	X						
	Vista Mutual Fund Group Cap Growth Fund	X			12-16-93	X						
	Vista Mutual Fund Group Cap Growth Fund	X			11-16-93	X						
	UTS Uncommon Values UT #93A	X			7-16-93	X						
	Lindner Dividend Fund Inc	X			2-11-93		X					
	CGM Mutual Fund	X			11-19-93	X						

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Name John David Dingell | Page 2 of 2

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	The Gabelli Asset Fund	X			8-10-93	X						

This page may be copied if more space is required.

Name John David Dingell | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name John David Dingell | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Bristol-Myers Squibb Company	Jan 9-11	NYC/LaGuardia-Wash DC	Y	Y	Y	N
The Urban Institute *	Feb 11-13 Feb 14	Wash DC-Ft.Lauderdale WestPalmBeach-Wash DC	Y	Y	Y	N
International Speedway Corp.	Feb 13-14	WestPalmBeach-Daytona Beach-WestPalmBeach	Y	Y	Y	N
Greater Detroit Chamber of Commerce	Jun 3-6	Detroit-Mackinac Island-Detroit	Y	Y	N	N
The Aspen Institute	Aug 20	Wash DC-Aspen, CO	N	Y	N	N

* program underwritten by Carnegie Corporation

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Name John David Dingell	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	National Rifle Association

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 — 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 10: 25

HAND DELIVERED
(Office Use Only)

7

JULIAN C. DIXON
(First Name)

2400 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

(Daytime Telephone) (202) 225-7084

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 32nd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5 13 94

Name	JULIAN C. DIXON	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Mir Kanon/Peideau, Inc., Los Angeles, CA	Spouse Salary/ Director Fees	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JULIAN C. DIXON

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples	SP	Mega Corp. Stock			X					X								X								P
			123 Main St., Dover, Del.					X				X										X					
			1st Bank of Peoria, IL accounts				X						X							X							
	Industrial Bank of Wash., DC			X							X								X								
S	Mir Kanon/Peideau, Inc. 8.63 Int.							X			X														X		
	(Good faith est. based on dividends)																										
	Merrill Lynch Money Mkt. (Cash Acct			X									X						X								
	IRA-MLPFS-self (not self directed)				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JULIAN C. DIXON

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
S	IRA=MLPFS-spouse (not self directed)			X							X							X									
	Queen City Bank - shares			X													X										
	1299 Delaware Ave,SW,Wash.DC					X						X									X						
	Fidelity Fed. Bank, Culver City CA - CDs & checking			X									X							X							
	5 rare coins		X														X										
	Concessions Int'l, Miami, FL		X		(Good Faith est.)												X										
	Concourse Gift & News, Inc.			X													X										
	T Rowe Price Fund						X						X								X						P
	Note on 5709 Canterbury Dr., Culver City, CA (former personal residence)			X									X							X							
S	Much Ado About Something (interest in business)		X								(Accts receivable & sale of merchandise)												X			

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SCHEDULE IV — TRANSACTIONS

Name JULIAN C. DIXON | Page 5 of 7

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	T Rowe Price Fund	X			2-9-93 7-27-93					X		

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	America's Mortgage Servicing, Inc., Gaithersburg, MD	Mortgage on 1299 Delaware Ave., SW, Washington, DC				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Director	Joint Center for Political & Economic Studies
President (spouse)	Much Ado About Something, Inc.
Chief Operating Officer (spouse)	Mir Kanon/Peideau, Inc.
President (spouse)	Concessions Int'l, Miami, Fla.
President (spouse)	Concourse Gift & News Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12 [illegible]

HAND DELIVERED
(Office Use Only)

CALVIN MILLARD DOOLEY
(Full Name)

U.S. House of Representatives, 1227 Longworth Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-3341

Filer Status	[X] Member of the U.S. House of Representatives	State CA District 20	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month Day Year) May 16, 1994

CALVIN MILLARD DOOLEY | 2 11

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Woods Institute, Washington, D.C.	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D C	Speech	Feb 2, 1993	$2,000
	XYZ Magazine	Article	Aug 13, 1993	$500
	California Cable Television Association	Roundtable discussion	Dec. 3, 1993	$1,000

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Name CALVIN MILLARD DOOLEY | Page 4 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP	Mega Corp. Stock				X						X																P
	123 Main St., Dover, Del.							X				X															
	1st Bank of Peoria, IL accounts					X							X														
	Dooley Farms Partnership (including equipment, crops, and leased improvements on 120 acres in Visalia and Tulare						X				Farm income												X (net)		X (gross)		
	1/3 interest in 85 acres, Webb Ranch and McAuliffe Avenue								X					X										X			Sale: 13 acres
	Dooley for Congress (loan)				X												X										
	Bank of America (savings and checking accounts)			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name CALVIN MILLARD DOOLEY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Congressional Federal Credit Union					X							X					X									
	Dooley Farms Partnership (loan)	X										no interest income					X										Sale: Loan paid off
	CalCot Limited			X								Combined with farm income listed above															
	County Line Gin			X								"															
	Diamond Walnut			X								"															
	Packwood RE Partnership (1/4 share) 15 acres at Feemstra Street and McAuliffe Avenue						X										X										
	City of Visalia (installment note)	X										None					X										Loan paid off in 1992
	Bonaventure Associates II (loan)					X							X									X					Sale: Loan paid off
	Bonaventure Associates II	X												X								X					Purchase option

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name CALVIN MILLARD DOOLEY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example:	Mega Corporation Common Stock	X			10-12-93		X					
	1/3 interest in 13 acres, Webb Ranch and McAuliffe Avenue *			X		12/15/93			X				

* Option for purchase entered into in June 1992, but was not exercised until 1993.

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Name	CALVIN MILLARD DOOLEY	Page 7 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Mineral King	Mortgage on McAuliffe and Walnut				X			
	Mineral King	Crop loan (Dooley Farms Partnership)			X				
	John Deere	Dooley Farms Partnership tractor loan	X						
	Visalia Community Bank (and with three others)	Lackwood Pl. Partnership development loan						X	
	William Bozard	"	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name CALVIN MILLARD DOOLEY | Page 8 of 11

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Donna Martin	Packwood RE Partnership development loan	X						
	Gene Ross	"		X					
	Don Sharp	"		X					
	David and Carol Cotton	"		X					
	Frank Jordan	"		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child Mark the highest amount owed during the year **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St, Dover, Del				X			
	Robert and Doris Clark	Packwood RE Partnership development loan				X			
	Eddie and Karen Acurso	"				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23

Source	Description	Value
Example: Mr Joseph H Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Sun-Diamond Growers -- substantial participation	01/29-02/01	Wash,DC-Los Angeles; Santa Monica-Visalia	Y	Y	Y	N
Bob Errecca -- substantial participation (transportation to speeches)	05/17	Visalia-Tracy; Stockton-San Francisco	N	Y	N	N
California Bankers Assoc.-- speech	05/20-05/23	Wash, DC-Palm Springs-Wash, DC	Y	Y	Y	N
National Agricultural Chemicals Association -- speech	09/24-09/26	Wash,DC-White Sulphur Springs-Wash, DC	Y	Y	Y	N
Association of California Water Agencies -- speech	11/02 11/03	Los Angeles-Fresno	Y	Y	N	N
California Cable Television Association -- roundtable discussion	12/02	Fresno-San Diego-Anaheim-Fresno	N	Y	N	N
National Water Resources Association -- speech	12/02-12/03	Transportation not paid by sponsor	Y	N	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Dooley Farms Partnership (40% interest) -- see schedule III
Partner	Packwood RE Partnership (25% interest) -- see schedule III
Advisory Board	The Farm Project, Alexis de Tocqueville Institution, Washington, D.C.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 — 75-884 (mar.

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

JOHN TAYLOR DOOLITTLE

1524 Longworth House Office Building 202-225-2511

Washington, D.C. 20515

Filer Status	[X] Member of the House of Representatives	State CA District 4	[ ] Officer or Employee
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: John T. Doolittle

DATE (Month Day Year): 5/12/94

950

Name John T. Doolittle [redacted]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	National Association of Chemical Distributors Washington, D.C	Speech	Dec. 1, 1993	$2,000

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name John Taylor Doolittle [redacted]

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Legislative Retirement Systems				X							NONE					X										
	American Funds Group (IRA'S)				X							NONE					N/A										
	APN #54-151-31 (Nevada County Promissory Note)				X																P+I X						
	APN #54-151-34 (Nevada County)					X						NONE					X										
	APN #54-151-34 (Water Rights)			X								NONE					X										
M DC	Dominion Resources, Inc.			X							X							X									P

Examples: M-Member

For additional assets and unearned income, use next page.

Name John Taylor Doolittle [redacted]

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	M-Member											
	Example Mega Corporation Common Stock	X			10-12-93		X					
M,DC	Dominion Resources, Inc.	X			11-12-93							
					11-22-93	X						

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Name John Taylor Doolittle [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Congressional Federal Credit Union	Personal Credit		X					
	Citibank	Personal Credit	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Mr. Doug Van Howd, Auburn, CA	Statue (waiver received from Committee on Standards)	$2,500

Use additional sheets if more space is required.

Name John Taylor Doolittle [redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Chemical Distributors	Nov 30-Dec 1	Sacramento - San Diego Orange Co. - Sacramento	Y	Y	N	N

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Name John Taylor Doolittle [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	J-T Investments (No income in 1993)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 17 PM 12:55
HAND DELIVERED
3

Robert K. Dornan

2402 Rayburn HOB Washington, D.C. 20515 202/225-2965

Filer Status	[X] Member of the U.S. House of Representatives — State CA District 46	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL *Robert K. Dornan*

DATE (Month/Day/Year) *May 16, 94*

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Int'l Cmte for a Free Viet Nam	Jun 26-27	LA - New York - D.C.	Y	Y	N	None

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
boardmember	Hope Springs Farm for Children

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:31
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

DAVID T. DREIER
(Full Name)

Room 411 Cannon House Office Building
(Mailing Address)

Washington, DC 20515

(202) 225-2305
(Daytime Telephone)

Filer Status	XX	Member of the U.S. House of Representatives	State California District 28th	Officer or Employee	Employing Office
Report Type	XX	Annual (May 15)	Amendment	Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes	No XX	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes	No X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes X	No	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes X	No
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes X	No	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes X	No
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes X	No	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes	No X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes X	No	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes	No X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes	No X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: David T. Dreier

DATE (Month/Day/Year): MAY 13, 1994

Name	DAVID T. DREIER	Page 2 of 8

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
The Tobacco Institute	Speech	Jan. 14, 1993	$2,000
California Cable Television Association	Speech	Dec. 3, 1993	1,000

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Name DAVID T. DREIER | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used
If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peona, IL accounts					X							X							X							
	Roseville Telephone Co.-Stock				XX						XX									XX							
	IBM Corporation - Stock				XX						XX								XX								
	Seafield Capital Corp. -Stock				XX						XX								XX								S
	Muni. Invest. Trust-13th CA Se			XX									XX						XX								
	Muni. INvest. Trust-16th CA Se				XX								XX							XX							
	Int.-earning checking acc't-Cong. Federal Credit Union			XX									XX							XX							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 8 of

SP, DC, LT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	IRA Plan - Calvert Group				X						X								X								
	Pension Plan - 1st Union Bank				X						X								X								
	Merrill Lynch Cash Man. Acc't				X						X								X								
	1st Union Bank Money Market		X										X					X									
	California State Bank Mon.Mar.	X											X					X									Cashed In
	Ford Motor Company - Stock	X									X							X									S
	The Oklahoma Pub. Co.- Stock						X				X									X							
	Borden Chem. & Plastics- Stock				X						X		X								X						
	Ross Store, Inc. - Stock				X																						
	Property - 97 Princeton, Rancho Mirage, CA							X				X									X						
	Watches & More, Inc.				X						X						X										
	Mass. Mutual Life Ins. Co.				X								X					X									
	Interest-earning checking acc't 1st Interstate Bank of CA		X										X					X									
	N.B. Clearing Corp - Cash		X										X					X									
	Lancaster Capital Corp. Limited Ptsp.				X						X		X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAVID T. DREIER

Page 5 of 8

Block A: Asset and/or Income Source	Block B: Year-End Value of Asset								Block C: Type of Income					Block D: Amount of Income									Block E: Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENTS	INTEREST	ROYALTIES	EXCEPTED TRUST	EXCEPTED TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Gaylord Entertainment Co.						X				X		X						X								
Tiffany Manor Ltd. Partnership of Kansas City, Missouri									X		X	X												X		P
Fairway Woods Ltd. Partnership of Overland Park, Kansas					X							X					X									

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SCHEDULE IV — TRANSACTIONS

Name DAVID T. DREIER

Page 8 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Seafield Capital Corp. - Stock		X		10/6/93		X					
	California State Bank Money Market	Cashed		In	4/23/93		X					
	Ford Motor Company - Stock		X		3/23/93	X						
	Fairway Woods Limited Partnership	X			11/15/93			X				

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Glendale Federal Bank	Mortgage on 97 Princeton, Rancho Mirage, California				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice-President	Dreier Development Company, Kansas City, Missouri
Co-Chairman of Board	Los Angeles Committee For The Homeless (Los Angeles Mission)
Secretary	The Dreier Family Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1984 — 425-881/10616

Use additional sheets if more space is required.

DAVID DREIER
CALIFORNIA

RULES COMMITTEE
REGIONAL WHIP

RECEIVED
1994 MAY 24 PM 2:52
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

411 CANNON BUILDING
WASHINGTON, DC 20515
(202) 225-2305

112 NORTH SECOND AVENUE
COVINA, CA 91723
(818) 339-9078
(909) 592-2857

Congress of the United States
House of Representatives
Washington, DC 20515

HAND DELIVERED

May 23, 1994

1

Hon. Donnald K. Anderson, Clerk
U. S. House of Representatives
Office of Records and Registration
Room 1036, Longworth House Office Bldg.
Washington, DC 20515

MC

Dear Sir,

This letter serves as an amendment to my Financial Disclosure Statement for Calendar Year 1993.

Please be advised that under the category of Preliminary Information on the first page of the statement, I inadvertently checked "Yes" for the question, "Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)?" In fact, I did not have any reportable travel or travel reimbursements, and should have checked "No" for that question.

Thank you for your attention to this matter.

Sincerely,

David Dreier
Member of Congress

DD:tmb

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12:07

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Congressman John J. Duncan, Jr.
(Full Name)

115 Cannon Bldg.
(Mailing Address)

Washington, D.C. 20515

202-225-5435

Filer Status	[X] Member of the U.S. House of Representatives — State: District:	[ ] Officer or Employee — Employing Office:	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[X]	[ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: [signature]

DATE (Month Day Year): 5/13/94

Name JOHN J. DUNCAN, JR.	Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of
JOHN J. DUNCAN, JR	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
NONE			

This page may be copied if more space is required

Name JOHN J. DUNCAN, JR. | Page 4 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction
SP	Examples: SP Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	CRACKER BARREL (STOCK)				X						X							X									
	BARNETT BANK(IRA)(SAVINGS) (IRA)(SAVINGS)			X									X				NA										
	BANK FIRST(FORMERLY BANK OF E. TN)					X					X		X				NA										
	FIRST CENTRAL BANK (STOCK)			X							X							X									P
DC	BAXTER INTERNATIONAL(TRAVENOL)STOCK				X						X							X									
DC	CAREMARK (STOCK ISSUED TO BAXTER INT'L STOCK HOLDERS)(STOCK)			X							X							X									S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JOHN J. DUNCAN, JR. | Page 5 of

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	EQUIPMENT LEASING (CD)			X									X					X									
	STATE OF TN-PENSION			X									X					X									
	BOB EVANS (STOCK)			X							X							X									
DC	BOB EVANS (S TOCK)			X							X							X									S
DC	MC DONALD"S CORP (STOCK)			X							X							X									P
DC	TEMPLETON VALUE FUND			X							X							X									S

This page may be copied if more space is required.

Name JOHN J. DUNCAN, JR. Page 6 of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	FIRST CENTRAL (STOCK)	X			6/24/93	X						
dc	caremark (STOCK)		X		3/9/93	X						
DC	MC DONALD"S CORP. (STOCK)	X			6/30/93	X						
DC	BOB EVANS (STOCK)		X		1/27/92	X						
DC	TEMPLETON VALUE STOCK (STOCK)		X		2/5/93	X						

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Name	JOHN J. DUNCAN, JR.	Page 7 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AMERICAN MEDICAL ASSN.	Mar. 18-21	Wash.,D.C.-Sarasota-Knoxville	Y	Y	Y	N
	American Jewish Com.	Aug. 22-28	Knoxville-TelAviv-Knoxville	Y	Y	N	N
	Nat'l Defense Council Found.	Jun. 12-14	Wash.,D.C.-Mex. City-Knoxville	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
NONE G		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:20

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED (Office Use Only)

JENNIFER DUNN
(Full Name)
1641 LONGWORTH HOB
(Mailing Address)
WASHINGTON, D.C. 20515
Daytime Telephone 202-225-7761

Filer Status	☑ Member of the U.S. House of Representatives	State WASHINGTON District EIGHTH	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☑	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jennifer Dunn

DATE (Month/Day/Year): MAY 16, 1994

978

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples	SP	Mega Corp. Stock			X						X								X								P
			123 Main St., Dover, Del.						X				X										X					
			1st Bank of Peoria, IL accounts				X							X							X							
	COGNITIVE ASSOC. LTD. R.E. PARTNERSHIP				✓									✓				✓										
	MERRILL LYNCH CMA MUNI MKT FUND							✓				✓								✓								
	BANK OF AMERICA COMMON STOCK				✓							✓							✓									
	KEY BANK SAVINGS ACCOUNT				✓									✓					✓									
	IDS HIGH YIELD TAX EXEMPT FUND				✓							✓			✓					✓								
	IRA IDS FLEXIBLE ANNUITY					✓						NA						NA										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	IDS HIGH YIELD TAX EXEMPT FUND	✓			MONTHLY BEGIN 5-3-93	✓						
	SAFECO MUNICIPAL BOND FUND		✓		1.4.93	✓						

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
MEMBER, HOUSE CONG. ADVISORY BOARD	INTERNATIONAL REPUBLICAN INSTITUTE

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

HAND DELIVERED

Name JENNIFER DUNN | Page 2 of 4

✓ HC

1

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — **Asset and/or Income Source**

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide city and address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — **Value of Asset** at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — **Type of Income** If more than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — **Amount of Income** For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — **Transaction** Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP / DC / JT	BLOCK A Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	DIVIDENDS	RENTS, ROYALTIES, INTEREST	TRUST	I None	II $200 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	BLOCK E Transaction (P, S, E)
Examples: SP	Mega Corp. Stock			X						X											P
	123 Main St., Dover, Del.																				
	1st Bank of Peoria, IL accounts				X						X										
	COGNITIVE ASSOC. LTD R.E. PARTNERSHIP			✓							✓		✓								
	MERRILL LYNCH CMA MUNI MKT FUND				✓					✓					✓						
	BANK OF AMERICA COMMON STOCK			✓						✓				✓							
	KEY BANK SAVINGS ACCOUNT			✓							✓			✓							
	IDS HIGH YIELD TAX EXEMPT FUND			✓						✓		✓			✓						
	IRA IDS FLEXIBLE ANNUITY					✓				NA			NA								

For additional assets and unearned income, use next page.

AMENDED: JUNE 14, 1994 Jennifer Dunn

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
1994 JUN 14 PM 12: 1

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:11

Richard J. Durbin
(Full Name)

2463 Rayburn House Office Building
Washington, D.C. 20515
(Mailing Address)

202-225-5271
(Daytime Telephone)

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Illinois District 20	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment		[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard J. Durbin

DATE (Month/Day/Year) May 16, 1994

Name	Richard J. Durbin	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
(RJD) Sergeant at Arms - U.S. House of Representatives	salary	133,258.30
(LMD) State of Illinois	spouse salary	36,880.00

For payments to charity in lieu of honoraria, use Schedule II.

Name	Richard J. Durbin	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Allstate Insurance Co. (donated to The Care Center - Springfield IL	speech	Nov. 8, 1993	1,000

This page may be copied if more space is required.

Name Richard J. Durbin

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Templeton Dev. Mkt - IRA- 21,080.15				X																						
	A. G. Edwards - IRA - 1,332.15			X																							
JT	20th Century Ultra - IRA 44,061.84				X																						
JT	Merrill Lynch (money Mkt) 3,428.31			X																							
	Templeton Dev. Mkt - IRA 21,080.15				X																						
	Office Furniture (est) 1,500.00			X																							
	Home furnishings (est) 8,000.00																										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Richard J. Durbin

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Fidelity - IRA - Contrafund 6,908.87			x																							
	Fidelity - IRA - Prec.Metals 7,326.50			x																							
	Fidelity - IRA - Leisure 6,806.06			x																							
	Fidelity - IRA - Dev.Comm 6,575.29			x																							
SP	Fidelity - IRA - Contrafund 7,245.83			x																							
SP	Fidelity - IRA - Fin.Services 6,194.97			x																							
SP	Fidelity - IRA - Telecomm 6,778.60			x																							
SP	Fidelity -IRA-Broadcast 7,094.57			x																							
SP	Ill.Deferred Comp. 14,799.06			x																							
	10-31-93 Thrift Savings Plan 30,870.33				x																						
JT	Fairbanks Plaza (est) Ltd. Partnership 308.00		x																								
JT	Residence - 1525 Bates Avenue, Springfield IL 190,000.00						x																				
JT	Cong. Fed. Credit Union Savings (1-1-94) 5,493.71			x																							
JT	Hosp Corp. of America (37 sh. est) 1,591.00			x																							
JT	1991 Ford Taurus - est. 6,750.00			x																							
JT	1990 Cap Prism - est. 3,600.00																										
JT	1985 Chev. Nova - est 1,500.00			x																							

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SCHEDULE IV — TRANSACTIONS

Name Richard J. Durbin

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Templeton - IRA Foreign Fund - Dev. Mkts. Trust (21,080.15)			x	12-29-93		x					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Bank of Spfld, Spfld, IL (77,976.41)	mortgage of 1525 Bates Ave.Spfld.			X				
JT	Champion Federal, BloomingtonIL (7,079.68)	auto loan - 1991 Ford Taurus	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Urban Institute	Feb.12-14	Baltimore; Ft.Lauderdale; Spfld	Y	Y	Y	
	Allstate Insurance	Nov. 7-8	Chicago - Springfield	Y	Y	N	

This page may be copied if more space is required.

Name	Richard J. Durbin	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Catholic Charities- Springfield, Illinois
Associate Professor	S.I.U. School of Medicine - Springfield, Illinois

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 - 75-884 (max)

Use additional sheets if more space is required.

Form **1040** Department of the Treasury - Internal Revenue Service
U.S. Individual Income Tax Return 1993

IRS Use Only - Do not write or staple in this space

For the year Jan. Dec. 31, 1993, or other tax year beginning , 1993, ending , 19 OMB No. 1545-0074

(See inst. on p. 12.) Use the IRS label. Otherwise, please print or type.

LABEL
RICHARD J. DURBIN
LORETTA M. DURBIN
1525 SOUTH BATES AVENUE
SPRINGFIELD, IL 62704

COPY

Your social security number: 493-46-1338
Spouse's social security number: 350-36-5292
For Privacy Act and Paperwork Reduction Act Notice, see page 4.

	Yes	No
Presidential Election Campaign (See page 12.) Do you want $3 to go to this fund?	✓	
If a joint return, does your spouse want $3 to go to this fund?	✓	

Note: Checking "Yes" will not change your tax or reduce your refund.

Filing Status (See page 12.) Check only one box.

1 [ ] Single
2 [X] Married filing joint return (even if only one had income)
3 [ ] Married filing sep. return. Enter spouse's SSN above & full name. ▶
4 [ ] Head of household (with qualifying person). (See pg 13.) If qualifying person is a child but not your dependent, enter this child's name here. ▶
5 [ ] Qualifying widow(er) with dependent child (yr. spouse died ▶ 19). (See page 13.)

Exemptions (See page 13.)

6a [X] Yourself. If your parent (or someone else) can claim you as a dependent on his or her tax return, do not check box 6a. But be sure to check the box on line 33b on page 2
b [X] Spouse

No. of boxes checked on 6a and 6b: 2

c Dependents:

(1) Name (first, initial, and last name)	(2) Chk. if under age 1	(3) If age 1 or older dependent's social security number	(4) Dependent's relationship to you	(5) No. of mos. lived in your home in 1993
JENNIFER DURBIN		340-76-4396	DAUGHTER	12

If more than six dependents, see page 14.

No. of your children on 6c who:
- lived with you: 1
- didn't live with you due to divorce or separation (see page 15):
Dependents on 6c not entered above:

d If your child didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ [ ]
e Total number of exemptions claimed: Add numbers entered on lines above ▶ 3

Income Attach copy B of your Forms W-2, W-2G, and 1099-R here. If you did not get a W-2, see page 10. If you are attaching a check or money order, put it on top of any Forms W-2, W-2G, or 1099-R.

7	Wages, salaries, tips, etc. Attach Form(s) W-2	7	158,675.
8a	Taxable interest income (see page 16). Attach Schedule B if over $400	8a	773.
b	Tax-exempt interest income (see page 17). DON'T include on line 8a — 8b		
9	Dividend income. Attach Schedule B if over $400	9	94.
10	Taxable refunds, credits, or offsets of state and local income taxes (see page 17)	10	177.
11	Alimony received	11	
12	Business income or (loss). Attach Schedule C or C-EZ	12	
13	Capital gain or (loss). Attach Schedule D	13	
14	Capital gain distributions not reported on line 13 (see page 17)	14	
15	Other gains or (losses). Attach Form 4797	15	
16a	Total IRA distributions — 16a — b Taxable amount (see page 18)	16b	
17a	Total pensions and annuities — 17a — b Taxable amount (see page 18)	17b	
18	Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E	18	
19	Farm income or (loss). Attach Schedule F	19	
20	Unemployment compensation (see page 18)	20	
21a	Social security benefits — 21a — b Taxable amount (see page 19)	21b	
22	Other income. List type and amount	22	
23	Add the amounts in the far right column for lines 7 through 22. This is your total income ▶	23	159,719.

Adjustments to Income (See page 20.)

24a	Your IRA deduction (see page 20) — 24a		
b	Spouse's IRA deduction (see page 20) — 24b		
25	One-half of self-employment tax (see page 21) — 25		
26	Self-employed health insurance deduction (see page 22) — 26		
27	Keogh retirement plan and self-employed SEP deduction — 27		
28	Penalty on early withdrawal of savings — 28		
29	Alimony paid. Recipient's SSN ▶ — 29		
30	Add lines 24a through 29. These are your total adjustments ▶	30	0.
31	Subtract line 30 from line 23. This is your adjusted gross income ▶	31	159,719.

Adj. Gr. Income

Page 2

Tax Computation (See page 23)	32	Amount from line 31 (adjusted gross income)	32	159,719.
	33a	Check if: ☐ You were 65 or older, ☐ Blind; ☐ Spouse was 65 or older ☐ Blind. Add the number of boxes checked above and enter the total here ▶ 33a		
	b	If your parent (or someone else) can claim you as a dependent, check here ▶ 33b ☐		
	c	If you are married filing separately and your spouse itemizes deductions or you are a dual-status alien, see page 24 and check here ▶ 33c ☐		
	34	Enter the larger of your itemized deductions from Schedule A, line 26; OR Standard deduction shown below for your filing status. But if you checked any box on line 33a or b, go to page 24 to find your standard deduction. If you checked box 33c, your standard deduction is zero. • Single - $3,700 • Head of household - $5,450 • Married filing separately - $3,100 • Married filing jointly or Qualifying widow(er) - $6,200	34	13,341.
	35	Subtract line 34 from line 32	35	146,378.
	36	If line 32 is $81,350 or less, multiply $2,350 by total number of exemptions claimed on line 6e. If line 32 is over $81,350, see the worksheet on page 25 for the amount to enter	36	7,050.
	37	Taxable income. Subtract line 36 from line 35. If line 36 is more than line 35, enter -0-	37	139,328.
If you want the IRS to figure your tax, see page 24	38	Tax. Check if from: a ☐ Tax Table, b ☒ Tax Rate Schedules, c ☐ Schedule D Tax Worksheet, or d ☐ Form 8615 (see page 25). Amount from Form(s) 8814 ▶ e	38	35,720.
	39	Additional taxes (see pg 25). Check if from: a ☐ Form 4970, b ☐ Form 4972	39	
	40	Add lines 38 and 39 ▶	40	35,720.
Credits (See page 25)	41	Credit for child and dependent care expenses. Attach Form 2441 — 41		
	42	Credit for the elderly or the disabled. Attach Schedule R — 42		
	43	Foreign tax credit. Attach Form 1116 — 43		
	44	Other credits (see page 26). Check if from: a ☐ Form 3800, b ☐ Form 8396, c ☐ Form 8801, d ☐ Form — 44		
	45	Add lines 41 through 44	45	
	46	Subtract line 45 from line 40. If line 45 is more than line 40, enter -0- ▶	46	35,720.
Other Taxes	47	Self-employment tax. Attach Schedule SE. Also see line 25	47	
	48	Alternative minimum tax. Attach Form 6251	48	
	49	Recapture taxes (see page 26). Check if from: a ☐ Form 4255, b ☐ Form 8611, c ☐ Form 8828	49	
	50	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	50	
	51	Tax on qualified retirement plans, including IRAs. If required, attach Form 5329	51	
	52	Advance earned income credit payments from Form W-2	52	
	53	Add lines 46 through 52. This is your total tax ▶	53	35,720.
Payments Attach Forms W-2, W-2G, and 1099-R to page 1.	54	Federal income tax withheld. If any is from Form(s) 1099, check ▶ ☐ — 54: 34,600.		
	55	1993 estimated tax payments and amount applied from 1992 return — 55		
	56	Earned income credit. Attach Schedule EIC — 56		
	57	Amount paid with Form 4868 (extension request) — 57		
	58a	Excess social security, Medicare, and RRTA tax withheld (see pg. 28) — 58a		
	b	Deferral of additional 1993 taxes. Attach Form 8841 — 58b		
	59	Other payments (see page 28). Check if from: a ☐ Form 2439, b ☐ Form 4136 — 59		
	60	Add lines 54 through 59. These are your total payments ▶	60	34,600.
Refund or Amount You Owe	61	If line 60 is more than line 53, subtract line 53 from line 60. This is the amount you OVERPAID ▶	61	
	62	Amount of line 61 you want REFUNDED TO YOU ▶	62	
	63	Amount of line 61 you want APPLIED TO YOUR 1994 ESTIMATED TAX ▶ 63		
	64	If line 53 is more than line 60, subtract line 60 from line 53. This is the AMOUNT YOU OWE	64	1,120.
	65	Estimated tax penalty (see page 29). Also include on line 64 — 65		

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Sign Here Keep a copy of this return for your records.

Your signature ▶ COPY — Date — Your occupation: CONGRESSMAN

Spouse's signature. If joint return, BOTH must sign ▶ — Date — Spouse's occupation: CIVIL SERVANT

Paid Preparer's Use Only

Preparer's signature ▶ Garland W. Brinner — Date: 04/14/94 — Check if self-employed: X — Preparer's social security no: 359-40-5905

Firm's name (or yours if self-employed) and address ▶ GARLAND W. BRINNER C.P.A., 424 S. KICKAPOO STREET, LINCOLN IL — E.I. No: 37-1235328 — ZIP code: 62656

Form 1040 (1993) 2/12/94 BS

SCHEDULES A&B (Form 1040)
Department of the Treasury Internal Revenue Service

Schedule A-Itemized Deductions

▶ Attach to Form 1040. ▶ See Instructions for Schedules A and B (Form 1040).

OMB No 1545-0074
1993
Attachment Sequence No 07

Name(s) shown on Form 1040: RICHARD J. & LORETTA M. DURBIN
Your social security number: 493-46-1338

Medical and Dental Expenses	Caution: Do not include expenses reimbursed or paid by others.				
	1 Medical and dental expenses	1			
	2 Enter amount from Form 1040, line 32 [2]				
	3 Multiply line 2 above by 7.5% (.075)	3			
	4 Subtract line 3 from line 1. If zero or less, enter -0- ▶			4	
Taxes You Paid	5 State and local income taxes	5	4,700.		
	6 Real estate taxes (see page A-2)	6	2,848.		
(See page A-1.)	7 Other taxes. ▶	7			
	8 Add lines 5 through 7 ▶			8	7,548.
Interest You Paid	9a Home mortgage interest and points reported to you on Form 1098	9a	4,813.		
(See page A-2.)	b Home mortgage interest not reported to you on Form 1098. If paid to an individual, show that person's name, identifying no., and address ▶	9b			
Note: Personal interest is not deductible	10 Points not reported to you on Form 1098. See page A-3 for special rules	10			
	11 Investment interest. If required, attach Form 4952. (See page A-3)	11			
	12 Add lines 9a through 11 ▶			12	4,813.
Gifts to Charity	Caution: If you made a charitable contribution and received a benefit in return, see page A-3				
	13 Contributions by cash or check	13	2,322.		
(See page A-3.)	14 Other than by cash or check. If over $500, you MUST attach Form 8283	14			
	15 Carryover from prior year	15			
	16 Add lines 13 through 15 ▶			16	2,322.
Casualty Theft	17 Casualty or theft loss(es) Attach Form 4684 (See page A-4) ▶			17	
Moving Exp.	18 Moving expenses. Attach Form 3903 or 3903F (See page A-4) ▶			18	
Job Expenses and Most Other Miscellaneous Deductions	19 Unreimbursed employee expenses. If required, you MUST attach Form 2106 (See pg. A-4) ▶ LIVING EXPENSE $3,000 IRC 162(A) FOR MEMBERS CONGRESS 3,000.	19	3,000.		
	20 Other expenses ▶ TAX PREPARATION 250. PROFESSIONAL DUES 140.	20	390.		
(See page A-5 for expenses to deduct here.)	21 Add lines 19 and 20	21	3,390.		
	22 Enter amount from Form 1040, line 32 [22] 159,719.	23	3,194.		
	24 Subtract line 23 from line 21. If zero or less, enter -0- ▶			24	196.
Other Miscellaneous Deductions	25 Other - from list on page A-5. List type and amount ▶			25	
Total Itemized Deductions	26 Is the amount on Form 1040, line 32, more than $108,450 (more than $54,225 if married filing separately)? • NO. Your deduction is not limited. Add lines 4, 8, 12, 16, 17, 18, 24, and 25 and enter the total here. Also enter on Form 1040, line 34, the larger of this amount or your standard deduction. • YES. Your deduction may be limited. See page A-5 for the amount to enter. ▶			26	"LIMITED" 13,341.

HB96 For Paperwork Reduction Act Notice, see Form 1040 Instructions.

Schedule A (Form 1040) 1993

Schedules A&B (Form 1040) 1993 — OMB No 1545-0074 — Page 2

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1: RICHARD J. & LORETTA M. DURBIN

Your social security number: 493-46-1338

Schedule B - Interest and Dividend Income

Attachment Sequence No 08

Part I Interest Income (See pages 16 and B-1.)

Note: If you had over $400 in taxable interest income, you must also complete Part III.

Note: If you received a Form 1099-INT, Form 1099-OID, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

	Interest Income		Amount
1	List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also show that buyer's social security number and address ▶		
	CONGRESSIONAL FEDERAL C. U.	1	273.
	BANK OF SPRINGFIELD		453.
	FIRST OF AMERICA		47.
2	Add the amounts on line 1	2	773.
3	Excludable interest on series EE U.S. savings bonds issued after 1989 from Form 8815, line 14. You MUST attach Form 8815 to Form 1040.	3	
4	Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶	4	773.

Part II Dividend Income (See pages 17 and B-1.)

Note: If you had over $400 in gross dividends and/or other distributions on stock, you must also complete Part III.

Note: If you received a Form 1099-DIV, or substitute statement, from a brokerage firm, list the firm's name as the payer and enter the total dividends shown on that form.

	Dividend Income		Amount
5	List name of payer. Include gross dividends and/or other distributions on stock here. Any capital gain distributions and nontaxable distributions will be deducted on lines 7 and 8 ▶		
	MERRILL LYNCH	5	94.
6	Add the amounts on line 5	6	94.
7	Capital gain distributions. Enter here and on Schedule D* 7		
8	Nontaxable distributions. (See the inst. for Form 1040, line 9.) 8		
9	Add lines 7 and 8	9	
10	Subtract line 9 from line 6. Enter the result here and on Form 1040, line 9 ▶	10	94.

* If you received capital gain distributions but do not need Schedule D to report any other gains or losses, see the instructions for Form 1040, lines 13 and 14.

Part III Foreign Accounts and Foreign Trusts (See page B-2.)

If you had over $400 of interest or dividends OR had a foreign account or were a grantor of, or a transferor to, a foreign trust, you must complete this part.

		Yes	No
11a	At any time during 1993, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1		X
b	If "Yes," enter the name of the foreign country ▶		
12	Were you the grantor of, or transferor to, a foreign trust that existed during 1993, whether or not you have any beneficial interest in it? If "Yes," you may have to file Form 3520, 3520-A, or 926		X

Schedule E (Form 1040) 1993 — Attachment Sequence No 13 — Page 2

Name(s) shown on return. Do not enter name and SSN if shown on page 1: RICHARD J. & LORETTA M. DURBIN

Your social security number: 493-46-1338

Note: If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below.

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See page E-4. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership; S for S corp	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
A	FAIRBANKS PLAZA LP	P		36-3550245		
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A					
B					
C					
D					
E					
28a Totals					
b Totals					

29 Add columns (h) and (k) of line 28a	29	
30 Add columns (g), (i), and (j) of line 28b	30	( )
31 Total partnership and S corporation income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
C		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
33a Totals				
b Totals				

34 Add columns (d) and (f) of line 33a	34	
35 Add columns (c) and (e) of line 33b	35	( )
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39 Net farm rental income or (loss) from Form 4835. Also complete line 41 below	39	
40 TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18 ▶	40	
41 **Reconciliation of Farming and Fishing Income:** Enter your gross farming and fishing income reported in Parts II and III and on line 39 (see page E-4)	41	

-896

32 - 3/09-29 ea

Form **8582**

Department of the Treasury
Internal Revenue Service

Passive Activity Loss Limitations

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1041.

OMB No. 1545-1008

1993

Attachment Sequence No. 88

Name(s) shown on return: RICHARD J. & LORETTA M. DURBIN

Identifying number: 493-46-1338

Part I 1993 Passive Activity Loss

Caution: *See the instructions for Worksheets 1 and 2 on page 7 before completing Part I.*

Rental Real Estate Activities With Active Participation (For the definition of active participation see **Active Participation in a Rental Real Estate Activity** on page 3 of the instructions.)

1a	Activities with net income (from Worksheet 1, column (a))	1a		
b	Activities with net loss (from Worksheet 1, column (b))	1b	( )	
c	Prior year unallowed losses (from Worksheet 1, column (c))	1c	( )	
d	Combine lines 1a, 1b, and 1c			1d

All Other Passive Activities

2a	Activities with net income (from Worksheet 2, column (a))	2a		
b	Activities with net loss (from Worksheet 2, column (b))	2b	( )	
c	Prior year unallowed losses (from Worksheet 2, column (c))	2c	(19,934.)	
d	Combine lines 2a, 2b, and 2c			2d -19,934.
3	Combine lines 1d and 2d. If the result is net income or zero, see the instructions for line 3. If this line and line 1d are losses, go to line 4. Otherwise, enter -0- on line 9 and go to line 10			3 -19,934.

Part II Special Allowance for Rental Real Estate With Active Participation

Note: *Enter all numbers in Part II as positive amounts. (See instructions on page 7 for examples.)*

4	Enter the smaller of the loss on line 1d or the loss on line 3			4
5	Enter $150,000. If married filing separately, see the instructions	5		
6	Enter modified adjusted gross income, but not less than zero (see instructions)	6		
	Note: *If line 6 is equal to or greater than line 5, skip lines 7 and 8, enter -0- on line 9, and then go to line 10. Otherwise, go to line 7.*			
7	Subtract line 6 from line 5	7		
8	Multiply line 7 by 50% (.5). Do not enter more than $25,000. If married filing separately, see instructions			8
9	Enter the smaller of line 4 or line 8			9 0.

Part III Total Losses Allowed

10	Add the income, if any, on lines 1a and 2a and enter the total	10	
11	**Total losses allowed from all passive activities for 1993.** Add lines 9 and 10. See the instructions to find out how to report the losses on your tax return	11	0.

Form 8582 (1993) RICHARD J. & LORETTA M. DURBIN 493-46-1338 Page 2

Caution: The worksheets are not required to be filled with your tax return and may be detached before filing Form 8582. Keep a copy of the worksheets for your records.

Worksheet 1 - For Form 8582, Lines 1a, 1b, and 1c (See instructions on page 7.)

Name of activity	Current year (a) Net income (line 1a)	Current year (b) Net loss (line 1b)	Prior year (c) Unallowed loss (line 1c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
Total. Enter on Form 8582, lines 1a, 1b, and 1c ▶					

Worksheet 2 - For Form 8582, Lines 2a, 2b, and 2c (See instructions on page 7.)

Name of activity	Current year (a) Net income (line 2a)	Current year (b) Net loss (line 2b)	Prior year (c) Unallowed loss (line 2c)	Overall gain or loss (d) Gain	Overall gain or loss (e) Loss
FAIRBANKS PLAZA LP			19,934.		19,934.
Total. Enter on Form 8582, lines 2a, 2b, and 2c ▶			19,934.		

Worksheet 3 - Use this worksheet if an amount is shown on Form 8582, line 9 (See instructions on page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss (See instructions.)	(b) Ratio (See instructions.)	(c) Special allowance (See instructions.)	(d) Subtract column (c) from column (a) (See instructions.)
Total ▶			1.00		

Worksheet 4 - Allocation of Unallowed Losses (See instructions on page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss (See instructions.)	(b) Ratio (See instructions.)	(c) Unallowed loss (See instructions.)
FAIRBANKS PLAZA LP	Sch E p2	19,934.	1.000000	19,934.
Total ▶		19,934.	1.00	19,934.

Worksheet 5 - Allowed Losses (See instructions on page 8.)

Name of activity	Form or schedule to be reported on	(a) Loss (See instructions.)	(b) Unallowed loss (See instructions.)	(c) Allowed loss (See instructions.)
FAIRBANKS PLAZA LP	Sch E p2	19,934.	19,934.	
Total ▶		19,934.	19,934.	

H896

Statement of Wages

RICHARD J. & LORETTA M. DURBIN 493-46-1338

Employer Name	T/S	Gross wages	Taxes Withheld Federal	S.S.	Medi-care	State	Local
US HOUSE OF REP	T	126,595.	29,124.	3,571.	1,932.	3,738.	
STATE OF ILL	S	32,080.	5,476.	2,287.	535.	962.	
Totals: Form 1040, line 7		158,675.	34,600.	5,858.	2,467.	4,700.	

Form 1040 Itemized Deductions Worksheet 1993

RICHARD J. & LORETTA M. DURBIN 493-46-1338

1. Add the amounts on Sch A, lines 4, 8, 12, 16, 17, 18, 24 and 25		14,879.
2. Add the amounts on Sch A, lines 4, 11, and 17, plus any gambling losses included on line 25		
Caution: Be sure your total gambling losses are clearly identified on the dotted line next to line 25.		
3. Subtract line 2 from line 1. If the result is zero, Stop Here; enter the amount from line 1 above on Sch A, line 26		14,879.
4. Multiply line 3 above by 80% (.80)	11,903.	
5. Enter the amount from Form 1040, line 32	159,719.	
6. Enter $108,450 ($54,225 if married filing separately)	108,450.	
7. Subtract line 6 from line 5. If the result is zero or less, Stop Here; enter the amount from line 1 above on Sch A, line 26	51,269.	
8. Multiply line 7 above by 3% (.03)	1,538	

Illinois Individual Income Tax Return

1993 IL-1040

or fiscal year ending 1994

Do not write above this line

PLACE LABEL HERE

Your first name and initial: RICHARD J. & LORETTA M. DURBIN

Spouse's first name (and last if different)

Your last name

Mailing address: 1525 SOUTH BATES AVENUE

City: SPRINGFIELD, IL 62704 State Zip

COPY

Your Social Security number: 493-46-1338

Spouse's Social Security number: 350-36-5292

4-digit school code: 1055

EXEMPTIONS

See instructions before completing this section. If you are required to be claimed as a dependent on another person's return and your Illinois base income is greater than $1,000, you may no longer claim a basic exemption for yourself.

a How many exemptions did you claim on your 1993 federal return? a 3

b If you are a dependent claimed on another person's return, see instructions. b

c Check if in 1993 you were: ☐ 65 or over ☐ legally blind

Check if in 1993 your spouse was: ☐ 65 or over ☐ legally blind

Write on this line the number of boxes you checked in Step c above c

d Total exemptions. Add Lines a, b, and c. d 3

FILING STATUS

You must check one box

☐ Single or head of household

☒ Married filing jointly

☐ Married filing separately

☐ Widowed

FARMERS

If at least two thirds of your total gross income came from farming, check box ☐

INCOME

1	Adjusted gross income (U.S. 1040, Line 31, U.S. 1040A, Line 16 or U.S. 1040EZ, Line 4)	1	159,719
2	Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b)	2	
3	Other additions (See instructions and specify.)	3	
4	Total income. Add Lines 1, 2, and 3.	4	159,719

SUBTRACTIONS

5	Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.)	5			
6	Military pay earned while a resident and included in Line 1	6			
7	Illinois income tax refund included on U.S. 1040, Line 10	7	177		
8	U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.)	8			
9	Other subtractions (See instructions and specify.)	9			
10	Total subtractions. Add Lines 5, 6, 7, 8, and 9. Do not include out-of-state income.			10	177
11	Base income. Subtract Line 10 from Line 4.			11	159,542

NET INCOME

Illinois residents continue to Line 12. Check if you were a nonresident ☐ or part-year resident ☐.

Attach Schedule NR and write amount from Schedule NR, Line 1 here ____ Then skip to Line 14

12	Write total exemptions from Box d of Exemptions section above	3	Multiply by $1000	12	3,000
13	Net income. Subtract Line 12 from Line 11.			13	156,542
14	Tax. Residents, multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR.			14	4,696

TAX & CONTRIBUTIONS

15 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe.

Wildlife Preservation a) ____ Homeless Assistance d) ____ Breast Cancer Research g) ____

Child Abuse Prevention b) ____ AIDS Assistance e) ____

Alzheimer's Research c) ____ Special Olympics f) ____ Total contributions 15 ____

16 Total tax and contributions. Add Lines 14 and 15. 16 4,696

PAYMENTS & CREDITS

17	Illinois income tax withheld (Attach copy of all W-2's.)		17	4,700	
18	Estimated payments (IL-1040-ES, IL-505-I, and 1992 overpayment credit)		18		
19	Credit for tax paid to other states (Line 8 of attached Schedule CR)		19		
20	Credit for property tax from worksheet on page 2	[2,848]	20	142	
21	Tax credits from attached Sch. 1299-C, Part VII, Line 11	(Write Line 3 of worksheet)	21		
22	Total payments and credits. Add Lines 17, 18, 19, 20, and 21.			22	4,842
23	Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22.			23	146
24	Amount of overpayment you want credited to next year's tax.		24		
25	Amount of refund. Subtract Line 24 from Line 23.			25	146
26	Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16.			26	
27	If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box ☐			27	
28	Total amount due. Add Lines 26 and 27.			28	

PAY (OR REFUND)

Under penalties of perjury, I declare that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Do not write in this box.

COPY

INCLUDE YOUR SOCIAL SECURITY NUMBER ON PAYMENT

Sign here

Your signature	Date	Daytime phone number	Spouse's signature
	04/14/94	(217)732-3492	359-40-5905

Paid preparer's signature	Date	Phone number	Paid preparer's FEIN or SSN

▶ If you use a tax preparer and do not wish to receive a booklet next year, check here ☐ ◀

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

DR ____ NR WE ZZ BE WS WA XA RX NE WP DC TA ____ ID ____

RICHARD J. & LORETTA M. DURBIN 493-46-1338

IL 1040 (1993) Page 2

Be sure to attach the following supporting documents:

Line 5 - U.S. 1040 or U.S. 1040A, page 1; U.S. Schedule D and Form IL-4644, if applicable
Line 6 - Military pay W-2
Line 8 - U.S. 1040, Schedule B or U.S. 1040A, Schedule 1, identifying each U.S. government obligation separately; and a copy of any statement received from a mutual fund
Line 9 - For enterprise zone, foreign trade zone or subzone dividends, attach Illinois Schedule 1299-C.
For recovery amounts, attach U.S. 1040, all pertinent U.S. schedules, and prior year's Schedule A.
For partnership, S corporation, estate, and trust subtractions, attach the notification furnished.
For August 1, 1969 valuation limitation amounts, attach Illinois Schedule F and any required forms or schedules.
Line 14 - Nonresidents and part-year residents, attach Illinois Schedule NR.
For recapture of investment credits, attach Schedule 4255.
Line 17 - All W-2 forms
Line 19 - Illinois Schedule CR, copies of out-of-state income tax returns, and supporting documents
Line 20 - Homeowner's Property Tax Worksheet
Line 21 - Illinois Schedule 1299-C
Line 27 - Form IL-2210 if you are annualizing in Step 5
If you do not attach the required supporting documents, your entry will be disallowed, and any refund to which you are entitled will be delayed.

Homeowner's Property Tax Credit Worksheet (Must be filed with Form IL-1040)

You must complete this worksheet if you qualify for the Illinois property tax credit. See instructions for Line 20 in the booklet.

1 Write the total amount of Illinois property tax shown on the tax bill for the real estate that includes your principal residence.	1	2,848
2 Write the portion of that tax bill which is deductible as a business expense on U.S. Schedule C, E, F, or other U.S. income tax forms or schedules, whether or not you actually took the federal deduction.	2	
3 Subtract Line 2 from Line 1. Write this amount here and within the brackets on Form IL-1040, Line 20.	3	2,848
4 Multiply the amount on Line 3 by 5% (.05).	4	142
5 Write the amount of income tax from your Form IL-1040, Line 14.	5	4,696
6 Write the amount of credit for tax paid to other states from your Form IL-1040, Line 19	6	
7 Subtract Line 6 from Line 5. This is your net tax	7	4,696
8 Compare the amounts on Lines 4 and 7. Write the lesser amount here and on your Form IL-1040, Line 20.	8	142

Schedule 4255 Recapture Worksheet (See instructions for Line 14)

You must complete this worksheet if

- you claimed an investment credit against your Illinois income tax liability on your Form IL-1040 in a previous year and
- the property considered in the computation of that investment credit was disqualified within 48 months after being placed in service.

1 Write the amount from Schedule 4255, Part IV, Line 12, Column A.	1	
2 Write the amount from Schedule 4255, Part IV, Line 12, Column B.	2	
3 Residents - Multiply the amount from Form IL-1040, Line 13, by 3% (.03) Nonresidents or part-year residents - Write the amount from Schedule NR, Line 4	3	
4 Add Lines 1, 2, and 3. Write the amount here and on your Form IL-1040, Line 14	4	

Do you need assistance or more information?

We will help you complete your return. You can visit, write, or call an Illinois Department of Revenue office. Office hours are 8:30 a.m. to 5:00 p.m. weekdays.

The Willard Ice Building
101 West Jefferson, P.O. Box 19044
Springfield, IL 62794-9044

State of Illinois Center
100 West Randolph, 7th Floor
Chicago, IL 60601-3274

Call **1 800 732-8866** or **217 782-3336** or our TDD for hearing impaired only at 1 800 544-5304.

We have extended our phone hours on April 9 from 8:00 a.m. to 2:00 p.m., April 11 through 14 from 7:30 a.m. to 6:00 p.m., and April 15 from 7:30 a.m. to 7:00 p.m.

If you need additional forms or schedules, visit a regional office, or write to the Illinois Department of Revenue, P.O. Box 19010, Springfield, IL 62794-9010

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-462-0065

a Control number | Void | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

b Employer's identification number: 53-6000522

c Employer's name, address, and ZIP code:
SERGEANT AT ARMS
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON DC 20515

d Employee's social security number: 993-96-1132

e Employee's name, address, and ZIP code:
[illegible] J. DURBIN
U.S. HOUSE OF REPRESENTATIVES
WASHINGTON, DC 20515

1 Wages, tips, other compensation	12057.35
2 Federal income tax withheld	2412.63
3 Social security wages	57600.00
4 Social security tax withheld	3571.20
5 Medicare wages and tips	133258.20
6 Medicare tax withheld	1932.21
7 Social security tips	.00
8 Allocated tips	.00
9 Advance EIC payment	.00
10 Dependent care benefits	.00
11 Nonqualified plans	.00
12 Benefits included in Box 1	.00
13 See instrs. for Box 13: C 5952.95	.00
14 Other	.00
15 Statutory employee / Deceased / Pension plan / Legal rep. / 942 emp. / Subtotal / Deferred compensation	

16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
DC 1271-7751	12057.35	3737.37		.00	.00

Department of the Treasury—Internal Revenue Service

Form **W-2** Wage and Tax Statement **1993**

Copy C For EMPLOYEE'S RECORDS (See Notice on back.)

OMB No. 1545-0008

Control number: 42319 | Void | OMB No. 1545-0008 | This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Employer's identification number: 37-600 2057 W

Employer's name, address and ZIP code:
STATE OF ILLINOIS 69-0330001
DAWN CLARK NETSCH, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD ILLINOIS 62706

* SALARY *

Employee's social security number: 350-36-5292

Employee's name, address and ZIP code:
URBIN LORETTA M 09-092
525 BATES AVE

PRINGFIELD IL 62704

1 Wages, tips, other compensation	32080.00
2 Federal income tax withheld	5476.16
3 Social security wages	36880.00
4 Social security tax withheld	2286.56
5 Medicare wages and tips	36880.00
6 Medicare tax withheld	534.82
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	.00
10 Dependent care benefits	.00
11 Nonqualified plans	.00
12 Benefits included in Box 1	.00
13 See instrs. for Box 13: G 4800.00	
14 Other	
15 Statutory employee / Deceased / Pension plan / Legal rep. / 942 emp. / Subtotal / Deferred compensation	☒

16 State Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL 37-600 2057 W	32080.00	962.40			

Department of the Treasury—Internal Revenue Service

Form W-2 Wage and Tax Statement 1993
For EMPLOYEE'S RECORDS (See Reverse Notice)

Illinois Individual Income Tax Return

1993 IL-1040

or fiscal year ending 1994

Do not write above this line.

PLACE LABEL HERE

Your first name and initial: RICHARD J. & LORETTA M. DURBIN
Spouse's first name (and last if different)
Your last name
Your Social Security number: 493-46-1338
Mailing address: 1525 SOUTH BATES AVENUE
Spouse's Social Security number: 350-36-5292
City: SPRINGFIELD, IL 62704
State
ZIP
4-digit school code: 1055

EXEMPTIONS

See instructions before completing this section. If you are required to be claimed as a dependent on another person's return and your Illinois base income is greater than $1,000, you may no longer claim a basic exemption for yourself.

a How many exemptions did you claim on your 1993 federal return? a 3

b If you are a dependent claimed on another person's return, see instructions b

c Check if in 1993 you were: ☐ 65 or over ☐ legally blind
Check if in 1993 your spouse was: ☐ 65 or over ☐ legally blind

Write on this line the number of boxes you checked in Step c above c

d Total exemptions. Add Lines a, b, and c d 3

FILING STATUS

You must check one box
☐ Single or head of household
☒ Married filing jointly
☐ Married filing separately
☐ Widowed

FARMERS

If at least two thirds of your total gross income came from farming, check box. → ☐

INCOME

1 Adjusted gross income (U.S. 1040, Line 31; U.S. 1040A, Line 16, or U.S. 1040EZ, Line 4) 1 159,719
2 Federally tax-exempt interest income (U.S. 1040 or 1040A, Line 8b) 2
3 Other additions (See instructions and specify.) 3
4 Total income. Add Lines 1, 2, and 3 4 159,719

SUBTRACTIONS

5 Federally taxed retirement and Social Security (Attach copy of U.S. 1040 or 1040A.) 5
6 Military pay earned while a resident and included in Line 1 6
7 Illinois income tax refund included on U.S. 1040, Line 10 7 177
8 U.S. government obligations (If more than $400, attach copy of U.S. Schedule B.) 8
9 Other subtractions (See instructions and specify.) 9
10 Total subtractions. Add Lines 5, 6, 7, 8, and 9. Do not include out-of-state income 10 177
11 Base income. Subtract Line 10 from Line 4 11 159,542

NET INCOME

Illinois residents continue to Line 12. Check if you were a nonresident ☐ or part-year resident ☐
Attach Schedule NR and write amount from Schedule NR, Line 1 here: Then skip to Line 14.
12 Write total exemptions from Box d of Exemptions section above 3 Multiply by $1000 12 3,000
13 Net income. Subtract Line 12 from Line 11 13 156,542

TAX & CONTRIBUTIONS

14 Tax. Residents: multiply Line 13 by 3% (.03) or see tax table. Others, write Line 4 from Schedule NR. 14 4,696
15 Voluntary contributions. Your donation will reduce your refund or increase the amount you owe.
Wildlife Preservation a)
Child Abuse Prevention b)
Alzheimer's Research c)
Homeless Assistance d)
AIDS Assistance e)
Special Olympics f)
Breast Cancer Research g)
Total contributions 15
16 Total tax and contributions. Add Lines 14 and 15 16 4,696

PAYMENTS & CREDITS

17 Illinois income tax withheld (Attach copy of all W-2's.) 17 4,700
18 Estimated payments (IL-1040-ES, IL-505-I, and 1992 overpayment credit) 18
19 Credit for tax paid to other states (Line 8 of attached Schedule CR) 19
20 Credit for IL property tax from worksheet on page 2 [2,848] 20 142
21 Tax credits from attached Sch. 1299-C, Part VII, Line 11 (Write Line 3 of worksheet) 21
22 Total payments and credits. Add Lines 17, 18, 19, 20, and 21 22 4,842

PAY / REFUND

23 Overpayment. If Line 22 is greater than Line 16, subtract Line 16 from Line 22. 23 146
24 Amount of overpayment you want credited to next year's tax 24
25 Amount of refund. Subtract Line 24 from Line 23 25 146
26 Amount you owe. If Line 16 is greater than Line 22, subtract Line 22 from Line 16. 26
27 If you completed IL-2210, write your penalty here. If you completed Part III of IL-2210, check box → ☐ 27
28 Total amount due. Add Lines 26 and 27. 28

Do not write in this box.

Under penalties of perjury, I state that I have examined this return and, to the best of my knowledge, it is true, correct and complete.

Sign here

Richard J. Durbin — 4/15/94 — 217-492-4062 — Loretta M. Durbin
Your signature — Date — Daytime phone number — Spouse's signature

[illegible] — 04/14/94 — (217)732-3492 — 359-40-5905
Paid preparer's signature — Date — Phone number — Paid preparer's FEIN or SSN

▶ If you use a tax preparer and do not wish to receive a booklet next year, check here. ☐ ◀

Mail this return to: Illinois Department of Revenue, Springfield, IL 62719-0001

142319

Void

37-600 2057 W

STATE OF ILLINOIS 88-0330001
DAWN CLARK NETSCH, COMPTROLLER
WITHHOLDING AGENT
SPRINGFIELD, ILLINOIS 62706

* SALARY *

350 5292

RETTA M 09-092
ATES AVE

SPRINGFIELD IL 62704

1 Wages, tips, other compensation	32080.00
2 Federal income tax withheld	5476.16
3 Social security wages	36880.00
4 Social security tax withheld	2286.56
5 Medicare wages and tips	36880.00
6 Medicare tax withheld	534.82
7 Social security tips	
8 Allocated tips	
9 Advance EIC payment	.00
10 Dependent care benefits	.00
11 Nonqualified plans	.00
12 Benefits included in Box 1	.00
13 G	4800.00
14 Other	

15 State	Employer's state I.D. No.	16 State wages, tips, etc.	17 State income tax	18 Local income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	37-600 2057 W	32080.00	962.40				

Department of the Treasury—Internal Revenue Service

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

a Control number | Void

b Employer's identification number

c Employer's name, address, and ZIP code

d Employee's social security number

e Employee's name, address, and ZIP code

1 Wages, tips, other compensation	2 Federal income tax withheld
3 Social security wages	4 Social security tax withheld
5 Medicare wages and tips	6 Medicare tax withheld
7 Social security tips	8 Allocated tips
9 Advance EIC payment	10 Dependent care benefits
11 Nonqualified plans	12 Benefits included in Box 1
13	14 Other

15 Statutory employee | Deceased | Pension plan | Legal rep. | 942 emp. | Subtotal | Deferred compensation

16 State	Employer's state I.D. No.	17 State wages, tips, etc.	18 State income tax	19 Locality name	20 Local wages, tips, etc.	21 Local income tax
IL	[illegible]	[illegible]	[illegible]			

Department of the Treasury—Internal Revenue Service

W-2 Wage and Tax Statement 1993

Copy 2 To Be Filed With Employee's State, City, or Local Income Tax Return

OMB No. 1545-0008

RICHARD J. DURBIN
20TH DISTRICT, ILLINOIS

AT LARGE WHIP

COMMITTEE ON APPROPRIATIONS
SUBCOMMITTEE ON AGRICULTURE AND RURAL DEVELOPMENT
SUBCOMMITTEE ON TRANSPORTATION
SUBCOMMITTEE ON THE DISTRICT OF COLUMBIA

Congress of the United States
House of Representatives
Washington, DC 20515-1320

2463 RAYBURN BUILDING
WASHINGTON, DC 20515-1320
(202) 225-5271

525 SOUTH 8TH STREET
SPRINGFIELD, IL 62703
(217) 492-4062

400 ST. LOUIS STREET, SUITE #2
EDWARDSVILLE, IL 62025
(618) 692-1082

221 EAST BROADWAY, SUITE #106
CENTRALIA, IL 62801
(618) 532-4265

1994 JUN -9 PM 12:43
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

June 9, 1994

(12)

MC

Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Sir:

Enclosed please find Supplemental Schedule III and Supplemental Schedule IV (along with attached Amended US Income Tax Return) to be attached to my 1993 Financial Disclosure Statement.

If there is any problem or question, please contact me.

Thank you for your assistance.

Yours truly,

Richard J. Durbin

Richard J. Durbin
Member of Congress

RJD:kb

Enclosures

PRINTED ON RECYCLED PAPER

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

HAND DELIVERED

JUN -9 PM 12:43
THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Name: Richard J. Durbin

Page ___ of ___

BLOCK A Asset and/or Income Source	BLOCK B Value of Asset								BLOCK C Type of Income					BLOCK D Amount of Income								BLOCK E Transaction
Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property, provide an address. Provide full name of stock or bond funds. For an IRA or retirement plan that is self-directed, list the underlying assets if more than $1,000. For an IRA or retirement plan that is not self-directed, name the bank or other account. Exclude: Your personal residence (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs. If you so choose, you may include that asset or income source in lieu of your spouse (SP), or dependent child (DC) or in joint lieu (JT). In the optional column, enter the letter. For further instructions, see page 10.	at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."								Other than one of the listed categories, specify the type of income by writing a brief description in this block.					For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.								Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
	A $1 - $1,000	C $15,001 - $50,000	E $100,001 - $250,000	G $500,001 - $1,000,000					DIVIDENDS		INTEREST		EXCEPTED TRUST	None		II $201 - $1,000		IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000		VIII $100,001 - $1,000,000		P, S, E
SP,		X							X							X								P
DC,																								
JT											X													
Congressional Federal CU		X									X					X								
Bank of Springfield		X									X					X								
First of America		X									X					X								
Merrill Lynch		X							X						X									

For additional assets and unearned income, use next page.

Name Richard J. Durbin | Page of

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Fidelity Select Biotech ($10,126.09) FS low-priced F value			x	11/25/92	x						
	Fidelity Select Healthcare (4,941.96)-FS Reg.Banks			x	11/25/92	x						
SP	Fidelity Select Biotech (5,599.59) - FS Low-priced stock			x	11/25/92	x						
SP	Fidelity Select Healthcare (5,831.80)-FS Regional Banks			x	11/25/92	x						
SP	Fidelity Select Medical Delivery (4,958.06) FS Financial			x	11/25/92	x						
	Fidelity Asset Manager (6,303.98) F Contrafund			x	5/17/93	x						
SP	Fidelity Select Low-priced stock (6,196.09) FS Telecomm			x	7/2/93	x						
SP	Fidelity Select Regional Banks (6,869.50) FS Energy Service			x	7/2/93	x						
	Fidelity Select Low-priced stock (5,434.91) FS Precious Metals			x	6/22/93	x						
	Fidelity Select Regional Banks (5,594.13) FS Develop. Communications			x	6/22/93	x						
SP	Fidelity Select Energy Service (6,790.45) FS Broadcast			x	9/27/93	x						
	Fidelity Value Fund (6,556.49) FS Leisure			x	11/29/93	x						
	Fidelity Select Precious Metals (6,662.70) FS Electronics			x	2/18/94	x						

This page may be copied if more space is required.

Form **1040X** (Rev. October 1993)

Department of the Treasury - Internal Revenue Service

Amended U.S. Individual Income Tax Return

▶ See separate instructions.

OMB No 1545-0091
Expires 10-31-96

This return is for calendar year ▶ 1993 , OR fiscal year ended ▶ , 19 .

Please print or type

Your first name and initial: RICHARD J. DURBIN	Last name	Your social security number: 493-46-1338
If a joint return, spouse's first name and initial: LORETTA M. DURBIN	Last name	Spouse's social security no.: 350-36-5292
Home address (number and street). If you have a P.O. box, see instructions: 1525 SOUTH BATES AVENUE	Apt. no	Telephone number (optional)
City, town or post office, state, and ZIP code. If you have a foreign address, see instructions: SPRINGFIELD, IL 62704		For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Enter name and address as shown on original return. If same as above, write "Same". If changing from separate to joint return, enter names and addresses from original returns.

SAME

A Service center where original return was filed: KANSAS CITY

B Has original return been changed or audited by the IRS? ☐ Yes ☒ No
If "No," have you been notified that it will be? ☐ Yes ☒ No
If "Yes," identify the IRS office ▶

C Are you amending your return to include any item (loss, credit, deduction, other tax benefit, or income) relating to a tax shelter required to be registered? ☒ Yes ☐ No
If "Yes," you must attach **Form 8271**, Investor Reporting of Tax Shelter Registration Number.

D Filing status claimed. **Note:** *You cannot change from joint to separate returns after the due date has passed.*
On original return ▶ ☐ Single ☒ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)
On this return ▶ ☐ Single ☒ Married filing joint return ☐ Married filing separate return ☐ Head of household ☐ Qualifying widow(er)

Income and Deductions (see instructions)

Caution: *Be sure to complete Part II on page 2.*

			A. As originally reported or as adjusted (see instructions)	B. Net change - Increase or (Decrease) - explain on page 2	C. Correct amount
	1	Total income	159,719.	-28,803.	130,916.
	2	Total adjustments (such as IRA deduction, alimony paid, etc.)			
	3	Adjusted gross income. Subtract line 2 from line 1	159,719.	-28,803.	130,916.
	4	Itemized deductions or standard deduction	13,341.	1,440.	14,781.
	5	Subtract line 4 from line 3	146,378.	-30,243.	116,135.
	6	Exemptions. If changing, fill in Parts I and II on page 2	7,050.		7,050.
	7	Taxable income. Subtract line 6 from line 5	139,328.	-30,243.	109,085.
Tax Liability	8	Tax (see instructions). Method used in col. C TRS	35,720.	-9,375.	26,345.
	9	Credits (see instructions)			
	10	Subtract line 9 from line 8. Enter the result but not less than zero	35,720.	-9,375.	26,345.
	11	Other taxes (such as self-employment tax, alternative minimum tax, etc.)		1,172.	1,172.
	12	Total tax. Add lines 10 and 11	35,720.	-8,203.	27,517.
Payments	13	Federal income tax withheld and excess social security, Medicare, and RRTA taxes withheld. If changing, see instructions	34,600.		34,600.
	14	Estimated tax payments			
	15	Earned income credit			
	16	Credits for Fed. tax paid on fuels, regulated investment company, etc.			
	17	Amount paid with Form 4868, Form 2688, or Form 2350 (application for extension of time to file)		17	
	18	Amount paid with original return plus additional tax paid after it was filed		18	1,120.
	19	Total payments. Add lines 13 through 18 in column C		19	35,720.

Refund or Amount You Owe

20	Overpayment, if any, as shown on original return or as previously adjusted by the IRS	20	
21	Subtract line 20 from line 19 (see instructions)	21	35,720.
22	**AMOUNT YOU OWE.** If line 12, column C, is more than line 21, enter the difference and see instructions	22	
23	**REFUND** to be received. If line 12, column C, is less than line 21, enter the difference	23	8,203.

Sign Here
Keep a copy of this return for your records

Under penalties of perjury, I declare that I have filed an original return and that I have examined this amended return, including accompanying schedules and statements, and to the best of my knowledge and belief, this amended return is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which the preparer has any knowledge.

COPY

▶ Your signature Date ▶ Spouse's signature. If a joint return, BOTH must sign. Date

Paid Preparer's Use Only

Preparer's signature ▶ Date 5/25/94 Check if self-employed ☒ Preparer's social security no. 359-40-5905

Firm's name (or yours if self-employed) and address ▶ GARLAND W. BRINNER C.P.A.
424 S. KICKAPOO STREET
LINCOLN, IL

E.I. No. 37-1235328
ZIP code 62656

H896

RICHARD J. & LORETTA M. DURBIN 493-46-1338

Form 1040X (Rev. 10-93) Page 2

Part I Exemptions. See Form 1040 or Form 1040A instructions

If you are not changing your exemptions, do not complete this part

If claiming more exemptions, complete lines 24-30 and, if applicable, line 31

If claiming fewer exemptions, complete lines 24-29.

		A. Number originally reported	B. Net change	C. Correct number
24 Yourself and spouse	24	2		2
Caution: *If your parents (or someone else) can claim you as a dependent (even if they chose not to), you cannot claim an exemption for yourself*				
25 Your dependent children who lived with you	25	1		1
26 Your dependent children who did not live with you due to divorce or separation	26			
27 Other dependents	27			
28 Total number of exemptions. Add lines 24 through 27	28	3		3
29 Multiply the number of exemptions claimed on line 28 by the amount listed below for the tax year you are amending. Enter the result here and on line 6.	29	7,050.		7,050.

Tax Year	Exemption Amount	But see the instructions if the amount on line 3 is over:
1993	$2,350	$81,350
1992	2,300	78,950
1991	2,150	75,000
1990	2,050	Not applicable for tax year 1990

30 Dependents (children and other) not claimed on original return:

(a) Dependent's name (first, initial and last name)	(b) Check if under age 1 (under age 2 if a 1989 or 1990 return)	(c) If age 1 or older (age 2 or older if a 1989 or 1990 return), enter dependent's social security number	(d) Dependent's relationship to you	(e) No. of months lived in your home

No. of your children on line 30 who lived with you ▶

No. of your children on line 30 who **didn't** live with you due to divorce or separation (see instructions) ▶

No. of dependents on line 30 not entered above ▶

31 If your child listed on line 30 didn't live with you but is claimed as your dependent under a pre-1985 agreement, check here ▶ ☐

Part II Explanation of Changes to Income, Deductions, and Credits

Enter the line number from page 1 for each item you are changing and give the reason for each change. Attach all supporting forms and schedules for items changed. If you don't, your Form 1040X may be returned. Be sure to include your name and social security number on any attachments.

If the change pertains to a net operating loss carryback or a general business credit carryback, attach the schedule or form that shows the year in which the loss or credit occured. See instructions. Also, check here ▶ ☐

THE K-1 FROM FAIRBANKS PLAZA DID NOT ARRIVE UNTIL AFTER APRIL 15, 1994.

Part III Presidential Election Campaign Fund. Checking below will not increase your tax or reduce your refund

If you did not previously want to have $3 (or $1 if a 1992 return) go to the fund but now want to, check here ▶ ☐ $3 for 1993 ☐ $1 for 1992

If a joint return and your spouse did not previously want to have $3 (or $1 if a 1992 return) go to the fund but now wants to, check here ▶ ☐ $3 for 1993 ☐ $1 for 1992

H896

Schedule E (Form 1040) 1993 — Attachment Sequence No 13 — Page 2

Name(s) shown on return. Do not enter name and SSN if shown on page 1: RICHARD J. & LORETTA M. DURBIN

Your social security number: 493-46-1338

Note If you report amounts from farming or fishing on Schedule E, you must enter your gross income from those activities on line 41 below

Part II Income or Loss From Partnerships and S Corporations

If you report a loss from an at-risk activity, you MUST check either column (e) or (f) of line 27 to describe your investment in the activity. See page E-4. If you check column (f), you must attach Form 6198.

27	(a) Name	(b) Enter P for partnership S for S corp	(c) Check if foreign partnership	(d) Employer identification number	Investment At Risk? (e) All is at risk	(f) Some is not at risk
A	FAIRBANKS PLAZA LP	P		36-3550245	X	
B						
C						
D						
E						

	Passive Income and Loss		Nonpassive Income and Loss		
	(g) Passive loss allowed (attach Form 8582 if required)	(h) Passive income from Schedule K-1	(i) Nonpassive loss from Schedule K-1	(j) Section 179 expense deduction from Form 4562	(k) Nonpassive income from Schedule K-1
A	21,675.				
B					
C					
D					
E					
28a Totals					
b Totals	21,675.				

29 Add columns (h) and (k) of line 28a	29	
30 Add columns (g), (i), and (j) of line 28b	30	(21,675.)
31 Total partnership and S corporaton income or (loss). Combine lines 29 and 30. Enter the result here and include in the total on line 40 below	31	-21,675.

Part III Income or Loss From Estates and Trusts

32	(a) Name	(b) Employer identification number
A		
B		
C		

	Passive Income and Loss		Nonpassive Income and Loss	
	(c) Passive deduction or loss allowed (attach Form 8582 if required)	(d) Passive income from Schedule K-1	(e) Deduction or loss from Schedule K-1	(f) Other income from Schedule K-1
A				
B				
C				
33a Totals				
b Totals				

34 Add columns (d) and (f) of line 33a	34	
35 Add columns (c) and (e) of line 33b	35	( )
36 Total estate and trust income or (loss). Combine lines 34 and 35. Enter the result here and include in the total on line 40 below	36	

Part IV Income or Loss From Real Estate Mortgage Investment Conduits (REMICs) - Residual Holder

37 (a) Name	(b) Employer identification number	(c) Excess inclusion from Schedules Q, line 2c (see page E-4)	(d) Taxable income (net loss) from Schedules Q, line 1b	(e) Income from Schedules Q, line 3b

38 Combine columns (d) and (e) only. Enter the result here and include in the total on line 40 below	38	

Part V Summary

39 Net farm rental income or (loss) from Form 4835. Also complete line 41 below	39	
40 TOTAL income or (loss). Combine lines 26, 31, 36, 38, and 39. Enter the result here and on Form 1040, line 18 ▶	40	-21,675.
41 **Reconciliation of Farming and Fishing Income**: Enter your **gross** farming and fishing income reported in Parts II and III and on line 39 (see page E-4)	41	

H896

Form **4797**

Department of the Treasury
Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

▶ Attach to your tax return. ▶ See separate instructions.

OMB No 1545-0184

1993

Attachment Sequence No **27**

Name(s) shown on return: RICHARD J. & LORETTA M. DURBIN

Identifying number: 493-46-1338

1 Enter here the gross proceeds from the sale or exchange of real estate reported to you for 1993 on Form(s) 1099-S (or a substitute statement) that you will be including on line 2, 11, or 22 1

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft - Property Held More Than 1 Year

2 (a) Description of property	(b) Date acquired (mo day yr)	(c) Date sold (mo day yr)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis plus improvements & expense of sale	(g) LOSS ((f) minus the sum of (d) and (e))	(h) GAIN ((d) plus (e) minus (f))
Sch. K-1(s)						7,128.	

3 Gain, if any, from Form 4684, line 39	3		
4 Section 1231 gain from installment sales from Form 6252, line 26 or 37	4		
5 Section 1231 gain or (loss) from like-kind exchanges from Form 8824	5		
6 Gain, if any, from line 34, from other than casualty or theft	6		
7 Add lines 2 through 6 in columns (g) and (h)	7	(7,128)	
8 Combine columns (g) and (h) of line 7. Enter gain or (loss) here, and on the appropriate line as follows:		8	-7,128.
Partnerships - Enter the gain or (loss) on Form 1065, Schedule K, line 6. Skip lines 9, 10, 12, and 13 below			
S corporations - Report the gain or (loss) following the instructions for Form 1120S, Schedule K, lines 5 and 6 Skip lines 9, 10, 12, and 13 below, unless line 8 is a gain and the S corporation is subject to the capital gains tax			
All others - If line 8 is zero or a loss, enter the amount on line 12 below and skip lines 9 and 10. If line 8 is a gain and you did not have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain as a long-term capital gain on Schedule D and skip lines 9, 10, and 13 below.			
9 Nonrecaptured net section 1231 losses from prior years (see instructions)		9	
10 Subtract line 9 from line 8. If zero or less, enter -0- Also enter on appropriate line as follows (see instructions)		10	
S corporations - Enter this amount (if more than zero) on Schedule D (Form 1120S), line 13, and skip lines 12 and 13 below.			
All others - If line 10 is zero, enter the amount from line 8 on line 13 below. If line 10 is more than zero, enter the amount from line 9 on line 13 below, and enter the amount from line 10 as a long-term capital gain on Schedule D			

Part II Ordinary Gains and Losses

11 Ordinary gains and losses not included on lines 12 through 18 (include property held 1 year or less)

12 Loss, if any, from line 8	12	7,128.	
13 Gain, if any, from line 8, or amount from line 9 if applicable	13		
14 Gain, if any, from line 33	14		
15 Net gain or (loss) from Form 4684, lines 31 and 38a	15		
16 Ordinary gain from installment sales from Form 6252, line 25 or 36	16		
17 Ordinary gain or (loss) from like-kind exchanges from Form 8824	17		
18 Recapture of section 179 expense deduction for partners and S corporation shareholders from property dispositions by partnerships and S corporations (see instructions)	18		
19 Add lines 11 through 18 in columns (g) and (h)	19	(7,128)	
20 Combine columns (g) and (h) of line 19. Enter gain or (loss) here, and on the appropriate line as follows		20	-7,128.
a For all except individual returns: Enter the gain or (loss) from line 20 on the return being filed.			
b For individual returns.			
(1) If the loss on line 12 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here and on line 20 of Schedule A (Form 1040) Identify as from "Form 4797, line 20b(1)" See instructions		20b(1)	
(2) Redetermine the gain or (loss) on line 20, excluding the loss, if any, on line 20b(1) Enter here and on Form 1040, line 15		20b(2)	-7,128.

H896 For Paperwork Reduction Act Notice, see page 1 of separate instructions.

Form **4797** (1993)

RICHARD J. & LORETTA M. DURBIN 493-46-1338

Form 4797 (1993) Page 2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255

21 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:	(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
A		
B		
C		
D		

Relate lines 21A through 21D to these columns	▶	Property A	Property B	Property C	Property D
22 Gross sales price (Note: See line 1 before completing.)	22				
23 Cost or other basis plus expense of sale	23				
24 Depreciation (or depletion) allowed or allowable	24				
25 Adjusted basis. Subtract line 24 from line 23	25				
26 Total gain. Subtract line 25 from line 22	26				
27 **If section 1245 property:**					
a Depreciation allowed or allowable from line 24	27a				
b Enter the **smaller** of line 26 or 27a	27b				
28 **If section 1250 property:** If straight line depreciation was used enter -0- on line 28g, except for a corporation subject to section 291.					
a Additional depreciation after 1975 (see instructions)	28a				
b Applicable percentage multiplied by the **smaller** of line 26 or line 28a (see instructions)	28b				
c Subtract line 28a from line 26. If residential rental property or line 26 is not more than line 28a, skip lines 28d and 28e	28c				
d Additional depreciation after 1969 and before 1976	28d				
e Enter the **smaller** of line 28c or 28d	28e				
f Section 291 amount (corporations only)	28f				
g Add lines 28b, 28e, and 28f	28g				
29 **If section 1252 property:** Skip this section if you did not dispose of farmland or if this form is being completed for a partnership.					
a Soil, water, and land clearing expenses	29a				
b Line 29a multiplied by applicable percentage (see inst.)	29b				
c Enter the **smaller** of line 26 or 29b	29c				
30 **If section 1254 property:**					
a Intangible drilling & development costs, expenditures for development of mines and other natural deposits, and mining exploration costs (see instructions)	30a				
b Enter the **smaller** of line 26 or 30a	30b				
31 **If section 1255 property:**					
a Applicable percentage of payments excluded from income under section 126 (see instructions)	31a				
b Enter the **smaller** of line 26 or 31a	31b				

Summary of Part III Gains. Complete property columns A through D, through line 31b before going to line 32.

32 Total gains for all properties. Add columns A through D, line 26	32	
33 Add columns A through D, lines 27b, 28g, 29c, 30b, and 31b. Enter here and on line 14	33	
34 Subtract line 33 from line 32. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6	34	

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less

See instructions for Part IV.

		(a) Section 179	(b) Section 280F(b)(2)
35 Section 179 expense deduction or depreciation allowable in prior years	35		
36 Recomputed depreciation (see instructions)	36		
37 Recapture amount. Subtract line 36 from line 35. See instructions for where to report.	37		

H896

Form **6251**

Department of the Treasury
Internal Revenue Service

Alternative Minimum Tax - Individuals

▶ See separate instructions.
▶ Attach to Form 1040 or Form 1040NR.

OMB No 1545-0227

1993

Attachment Sequence No **32**

Name(s) shown on Form 1040: RICHARD J. & LORETTA M. DURBIN

Your social security number: 493-46-1338

Part I Adjustments and Preferences

1	If you itemized deductions on Schedule A (Form 1040), go to line 2. If you did not itemize deductions, enter your standard deduction from Form 1040, line 34, and skip to line 6	1	
2	Medical and dental expenses. See instructions	2	
3	Taxes. Enter the amount from Schedule A, line 8	3	7,548.
4	Certain interest on a home mortgage not used to buy, build, or improve your home	4	
5	Miscellaneous itemized deductions. Enter the amount from Schedule A, line 24	5	772.
6	Refund of taxes. Enter any tax refund from Form 1040, line 10 or 22	6	(177)
7	Investment interest. Enter difference between regular tax and AMT deduction	7	
8	Post-1986 depreciation. Enter difference between regular tax and AMT depreciation	8	
9	Adjusted gain or loss. Enter difference between AMT and regular tax gain or loss	9	7,128.
10	Incentive stock options. Enter excess of AMT income over regular tax income	10	
11	Passive activities. Enter difference between AMT and regular tax income or loss	11	19,934.
12	Beneficiaries of estates and trusts. Enter the amount from Schedule K-1 (Form 1041), line 8	12	
13	Tax-exempt interest from private activity bonds issued after 8/7/86	13	
14	Other. Enter the amount, if any, for each item and enter the total on line 14		
	a Charitable contributions / b Circulation expenditures / c Depletion / d Depreciation (pre-1987) / e Installment sales / f Intangible drilling costs / g Long-term contracts / h Loss limitations / i Mining costs / j Pollution control facilities / k Research and experimental / l Tax shelter farm activities / m Related adjustments	14	
15	**Total Adjustment and Preferences.** Combine lines 1 through 14 ▶	15	35,205.

Part II Alternative Minimum Taxable Income

16	Enter the amount from **Form 1040, line 35.** If less than zero, enter as a (loss) ▶	16	116,135.
17	Net operating loss deduction, if any, from Form 1040, line 22. Enter as a positive amount	17	
18	If Form 1040, line 32, is over $108,450 (over $54,225 if married filing separately), enter your itemized deductions limitation, if any, from line 9 of the worksheet for Schedule A, line 26	18	(674)
19	Combine lines 15 through 18 ▶	19	150,666.
20	Alternative tax net operating loss deduction. See instructions	20	
21	**Alternative Minimum Taxable Income.** Subtract line 20 from line 19. (If married filing separately and line 21 is more than $165,000, see instructions ▶	21	150,666.

Part III Exemption Amount and Alternative Minimum Tax

22 **Exemption Amount.** (If this form is for a child under age 14, see instructions.)

If your filing status is:	And line 21 is not over:	Enter on line 22:
Single or head of household	$112,500	$33,750
Married filing jointly or qualifying widow(er)	150,000	45,000
Married filing separately	75,000	22,500

If line 21 is **over** the amount shown above for your filing status, see instructions.

22	Exemption Amount	22	44,833.
23	Subtract line 22 from line 21. If zero or less, enter -0- here and on lines 26 and 28 ▶	23	105,833.
24	If line 23 is $175,000 or less ($87,500 or less if married filing separately), multiply line 23 by 26% (.26). Otherwise, see instructions	24	27,517.
25	Alternative minimum tax foreign tax credit. See instructions	25	
26	Tentative minimum tax. Subtract line 25 from line 24 ▶	26	27,517.
27	Enter your tax from Form 1040, line 38 (plus any amount from Form 4970 included on Form 1040, line 39), minus any foreign tax credit from Form 1040, line 43	27	26,345.
28	**Alternative Minimum Tax.** (If this form is for a child under age 14, see instructions.) Subtract line 27 from line 26. If zero or less, enter -0-. Enter here and on Form1040, line 48 ▶	28	1,172.

Form **8271**
(Rev. March 1993)
Department of the Treasury
Internal Revenue Service

Investor Reporting of Tax Shelter Registration Number

▶ Attach to your tax return.

▶ If you received this form from a partnership, S corporation, or trust, see the instructions.

OMB No. 1545-0881
Expires 3-31-96

Attachment
Sequence No. 71

Investor's name(s) shown on return	Investor's identifying number	Investor's tax yr. ended
RICHARD J. & LORETTA M. DURBIN	493-46-1338	12/31/93

	(a) Tax Shelter Name	(b) Tax Shelter Registration Number (11-digit number)	(c) Tax Shelter Identifying Number
1	FAIRBANKS PLAZA LP	88028000664	36-3550245
2			
3			
4			
5			
6			
7			
8			
9			
10			

H896 For paperwork Reduction Act Notice, see instructions.

Form 8271 (Rev. 3-93)

(Form 1065)
Department of the Treasury
Internal Revenue Service

► See separate instructions.

For calendar year 1993 or tax year beginning , 1993, and ending , 19 — 1993

Partner's identifying number ► 493-46-1338

Partner's name, address, and ZIP code — Partner No: 17

Mr. & Mrs. Richard Durbin
1525 South Bates Street
Springfield, IL 62704

Partnership's identifying number ► 36-3550245

Partnership's name, address, and ZIP code

FAIRBANKS PLAZA LIMITED PARTNERSHIP
12780 High Bluff Drive, suite 200
San Diego, CA 92130

A This partner is a ☐ general partner ☒ limited partner
☐ limited liability company member

B What type of entity is this partner? ► Individual

C Is this partner a ☒ domestic or a ☐ foreign partner?

D Enter partner's % of:

	(I) Before change or termination	(II) End of year
Profit sharing	%	2.7100 %
Loss sharing	%	2.7100 %
Ownership of capital	%	2.7100 %

E IRS Center where partnership filed return: KANSAS CITY

F Partner's share of liabilities (see instructions):
Nonrecourse $ 20,050.
Qualified nonrecourse financing $
Other $

G Tax shelter registration number ► 88028000664

H Check here if this partnership is a publicly traded partnership as defined in section 469(k)(2) ☐

I Check applicable boxes: (1) ☒ Final K-1 (2) ☐ Amended K-1

J Analysis of partner's capital account:

(a) Capital account at beginning of year	(b) Capital contributed during year	(c) Partner's share of lines 3, 4, and 7, Form 1065 Schedule M-2	(d) Withdrawals and distributions	(e) Capital account at end of year (combine columns (a) through (d))
9,177.		(8,869.)		308.

	(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Income (Loss)	1 Ordinary income (loss) from trade or business activities	1	0.	See Partner's Instructions for Schedule K-1 (Form 1065).
	2 Net income (loss) from rental real estate activities	2	(1,741.)	
	3 Net income (loss) from other rental activities	3		
	4 Portfolio income (loss):			
	a Interest	4 a		Schedule B, Part I, line 1
	b Dividends	4 b		Schedule B, Part II, line 5
	c Royalties	4 c		Schedule E, Part I, line 4
	d Net short-term capital gain (loss)	4 d		Schedule D, line 5, column (f) or (g)
	e Net long-term capital gain (loss)	4 e		Schedule D, line 13, column (f) or (g)
	f Other portfolio income (loss) *(attach schedule)*	4 f		Enter on applicable ln of your return
	5 Guaranteed payments to partner	5		See Partner's Instructions for Schedule K-1 (Form 1065).
	6 Net gain (loss) under section 1231 (other than due to casualty or theft)	6	(7,128.)	
	7 Other income (loss)	7		Enter on applicable ln of your return
Deductions	8 Charitable contributions (see instructions) *(attach schedule)*	8		Schedule A, line 13 or 14
	9 Section 179 expense deduction	9		See Partner's Instructions for Schedule K-1 (Form 1065).
	10 Deductions related to portfolio income *(attach schedule)*	10		
	11 Other deductions *(attach schedule)*	11		
Investment Interest	12 a Interest expense on investment debts	12 a		Form 4952, line 1
	b (1) Investment income included on lines 4a, 4b, 4c, and 4f above	b (1)		See Partner's Instructions for Schedule K-1 (Form 1065).
	(2) Investment expenses included on line 10 above	b (2)		
Credits	13 a Credit for income tax withheld	13 a		See Partner's Instructions for Schedule K-1 (Form 1065).
	b Low-income housing credit:			
	(1) From section 42(j)(5) partnerships for property placed in service before 1990	b (1)		Form 8586, line 5
	(2) Other than on line 13b(1) for property placed in service before 1990	b (2)		
	(3) From section 42(j)(5) partnerships for property placed in service after 1989	b (3)		
	(4) Other than on line 13b(3) for property placed in service after 1989	b (4)		
	c Qualified rehabilitation expenditures related to rental real estate activities (see instructions)	13 c		See Partner's Instructions for Schedule K-1 (Form 1065).
	d Credits (other than credits shown on lines 13b and 13c) related to rental real estate activities (see instructions)	13 d		
	e Credits related to other rental activities (see instructions)	13 e		
	14 Other credits (see instructions)	14		

D181 For Paperwork Reduction Act Notice, see Instructions for Form 1065.

Schedule K-1 (Form 1065) 199

Copyright ChecSoft U.S., Inc.

PTPA0312 01/17/94

	(a) Distributive share item		(b) Amount	(c) 1040 filers enter the amount in column (b) on:
Self-employment	15 a Net earnings (loss) from self-employment	15 a		Schedule SE, Section A or B
	b Gross farming or fishing income	15 b		See Partner's Instructions for Schedule K-1 (Form 1065).
	c Gross nonfarm income	15 c		
Adjustments and Tax preference items	16 a Depreciation adjustment on property placed in service after 1986	16 a		See Partner's Instructions for Schedule K-1 (Form 1065) and instructions for Form 6251.
	b Adjusted gain or loss	16 b		
	c Depletion (other than oil and gas)	16 c		
	d (1) Gross income from oil, gas, and geothermal properties	d (1)		
	(2) Deductions allocable to oil, gas, and geothermal properties	d (2)		
	e Other adjustments and tax preference items *(attach schedule)*	16 e		
Foreign Taxes	17 a Type of income ►			Form 1116, check boxes
	b Name of foreign country or U.S. possession ►			
	c Total gross income from sources outside the United States *(attach schedule)*	17 c		Form 1116, Part I
	d Total applicable deductions and losses *(attach schedule)*	17 d		
	e Total foreign taxes (check one): ► ☐ Paid ☐ Accrued	17 e		Form 1116, Part II
	f Reduction in taxes available for credit *(attach schedule)*	17 f		Form 1116, Part III
	g Other foreign tax information *(attach schedule)*	17 g		See instructions for Form 1116.
Other	18 a Total expenditures to which a section 59(e) election may apply	18 a		See Partner's Instructions for Schedule K-1 (Form 1065).
	b Type of expenditures ►			
	19 Tax-exempt interest income	19		Form 1040, line 8b
	20 Other tax-exempt income	20		See Partner's Instructions for Schedule K-1 (Form 1065).
	21 Nondeductible expenses	21		
	22 Recapture of low-income housing credit:			
	a From section 42(j)(5) partnerships	22 a		Form 8611, line 8
	b Other than on line 22a	22 b		

Supplemental Information

23 Supplemental information required to be reported separately to each partner *(attach additional schedules if more space is needed)*:

Partner# 17

Copyright ChoiceSoft U.S., Inc.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:10

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED
(Office Use Only)

Thomas Chester Edwards
(Full Name)

328 Cannon Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-6105

Filer Status	[X] Member of the U.S. House of Representatives	State: TX District: 11	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Chet Edwards

DATE (Month/Day/Year) MAY 15, 1994

1018

Name Thomas Chester Edwards	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	None		

For payments to charity in lieu of honoraria, use Schedule II.

Name Thomas Chester Edwards | Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	None			

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP — Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peona, IL accounts					X							X							X							
JT	Wright Patman Credit Union 2nd & D Street, Washington DC				X								X						X								
JT	Central National Bank P.O. Box 2525, Waco, Texas			X									X						X								
S	Community Bank 1808 Washington Avenue			X									X					X									
JT	Federal Thritt Savings Plan 2nd & D Street, Washington, DC				X								N/A								N/A						
S	Great American Reserve Insurance Retirement Acct			X									N/A								N/A						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas Chester Edwards

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Employees Retirement System of TX P.O. Box 13207, Austin, Texas			X									N/A								N/A						

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Name Thomas Chester Edwards | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	None											

This page may be copied if more space is required.

Name	Thomas Chester Edwards	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Sun Diamond Corporation	1/29-2/1	DC-LAX-Fresno-DFW-DC	Y	Y	Y	N

This page may be copied if more space is required.

Name Thomas Chester Edwards	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 - 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees.

1994 MAY 13 PM 12:21

18

WILLIAM DONLON EDWARDS

2700 Virginia Avenue, NW (202) 225-3072

Washington, DC 20037

Filer Status	X	California	
Report Type		16th	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes [ ]	No [X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS — Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION — Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE (Original Signature Required)

William Donlon Edwards

May 12, 1994

1027

Name William Donlon Edwards | Page 2 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Clyda Guggenberger, Note									X			None														
	Wright Patman Checking Acct				X								X						X								
	Bank of America Checking Acct					X							X								X						
	California State Bonds (14)									X			X												X		
	Acalanes Union HSD Bond						X						X								X						
	El Cajon Cal Redev Agency Bond						X						X								X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William Donlon Edwards

Page 2 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	Industry Cal Urban Dev Agency Bond					X							X						X								
	So Cal Public Power Auth Bond					X							X						X								
	Whitier Health Fcy Bond					X							X						X								

This page may be copied if more space is required.

Name William Donlon Edwards | Page #1 of 8

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	California State Government (bond)		X		2-23-93					X		
	California State Government (bond)		X		8-16-93				X			
	California State Water (bond)	X			2-23-93					X		
	California State Government (bond)	X			8-3-93				X			
	Acalanes School District (bond)	X			8-16-93				X			

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William Donlon Edwards 5 8

SCHEDULE II – PAYMENTS IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
none			

Name William Brinkley Edwards | Page 6 of 8

SCHEDULE V -- LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	none								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
none		

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

... HOUSE OF REPRESENTATIVES
... DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

For use by Members, officers, and employees

Edith Blake Wilkie
(Full Name)

2700 Virginia Ave., N.W., Apt. 807 — 202-226-3440
(Mailing Address) — Daytime Telephone

Washington, D.C. 20037

(Office Use Only)

[ ] Member of the U S House of Representatives — State / District	[x] Officer or Employee	Employing Office: Arms Control and Foreign Pol. Cauc...
[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No	Question	Yes	No
[illegible]	[x]	[ ]	...reportable ... more than $200 ... If yes, complete and attach Schedule ...	[ ]	[x]
...individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule ...	[ ]	[x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? If yes, complete and attach Schedule VI.	[ ]	[x]
...more than $200 in the reporting period ... Schedule III.	[x]	[ ]	[illegible]	[x]	[ ]
...spouse, or dependent child purchase, sell, or exchange ... more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	[x]	[ ]	Did you hold any ... an outside entity? If yes, complete and attach ...	[ ]	[x]
...your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	[ ]	[x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
...a "Qualified Blind Trust" approved by the Committee on Standards of Official Conduct ... you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? ...	[ ]	[x]
...Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child ... meet all three tests for exemption? (See instructions, page 11.)	[ ]	[x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

...Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be made available to any requesting person upon ... application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year)

Name	Edith Wilkie	Page	of

SCHEDULE I — EARNED INCOME

[redacted]		
(U.S. Government only source)		

For payments to charity in lieu of honoraria, use Schedule II.

Name Edith Wilkie | Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

Source	Activity	Date	Amount
-- none --			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Edith Wilkie | Page of

[redacted]

Wright Patman Credit Union			x			x		x		
Riggs National Bank		x				x	x			
Bank of New York	x					x	x			
Tri-Continental Corp.				x	x				x	
Dreyfus Money Market Fund		x			x		x			
Chase Manhattan Bank			x		x		x			

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Edith Wilkie | Page of

Central Hudson Gas & Elec. Co.					x						x								x									
Fiduciary Trust Co. Int'l.								x			x										x							
" " " "								"					x										x					
SEE ATTACHED FOR SPOUSE																												

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SCHEDULE IV — TRANSACTIONS

Name Edith Wilkie | Page of

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
Regis Corp Minn Com	x			2/24/93	x					
ADC Telecommunication Inc Com		x		6/1/93	x					
Starsight Telecast, Inc.	x			7/30/93	x					
Newell Cos Inc	x			8/03/93	x					
WMX Technologies Inc	x			8/03/93	x					
Grupo Televisa SA DE CV SER L NPV		x		8/12/93	x					
Chubb Corp	x			10/21/93	x					
Topps Company Inc		x		12/9/93	x					
Topps Company Inc		x		12/9/93	x					
Corning Inc	x			12/10/93	x					
Dovatron Int'l Inc Com		x		12/10/93	x					
Seagram	x			12/17/93	x					
SEE ATTACHED FOR SPOUSE										

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Name	Page 7 of
Edith Wilkie	

SCHEDULE V — LIABILITIES

[illegible]	[illegible]	Amount of Liability
-- none --		

SCHEDULE VI — GIFTS

[illegible]	[illegible]	Value
-- none --		

Use additional sheets if more space is required.

Name Edith B. Wilkie | Page 8 of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
-- none --						

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Name	Page 9 of
Edith B. Wilkie	

SCHEDULE VIII — POSITIONS

[redacted]

[redacted]	Name of Organization
Director	Peace through Law Education Fund
Director	Peace-PAC

SCHEDULE IX — AGREEMENTS

[redacted]

[redacted]	[redacted]	[redacted]
	-- none --	

Use additional sheets if more space is required.

DON EDWARDS
16TH DISTRICT, CALIFORNIA

WASHINGTON OFFICE
(202) 225-7631

DISTRICT OFFICE
1042 WEST HEDDING STREET
SUITE 100
SAN JOSE, CA 95126
(408) 245-1779

SOUTH COUNTY
(408) 683-9201

DELIVERED

Congress of the United States
House of Representatives
Washington, DC 20515-0516

VICE CHAIRMAN
COMMITTEE ON THE JUDICIARY

CHAIRMAN
JUDICIARY SUBCOMMITTEE ON CIVIL AND CONSTITUTIONAL RIGHTS

VICE CHAIRMAN
COMMITTEE ON VETERANS AFFAIRS

COMMITTEE ON FOREIGN AFFAIRS

May 13, 1994

1994 MAY 13 PM 12:21
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

The Honorable Donnald K. Anderson
Clerk
U.S. House of Representatives
Office of Records and Registration
1036 Longworth HOB
Washington, DC 20515

Dear Don:

I have enclosed the signed original and two copies of my "Financial Disclosure Statement" for calender year 1993. I did not include information about my spouse (Edith B. Wilkie) because she filed her own statement and a copy is enclosed.

Sincerely,

Don Edwards

Don Edwards
Member of Congress

DE:db
Enclosures

DON EDWARDS
10TH DISTRICT, CALIFORNIA

COMMITTEE ON
JUDICIARY

CHAIRMAN
SUBCOMMITTEE ON
CIVIL AND
CONSTITUTIONAL RIGHTS

COMMITTEE ON
VETERANS' AFFAIRS

INSIDE MAIL

RECEIVED
1994 MAY 25 PM 4:37
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Congress of the United States
House of Representatives
Washington, DC 20515

WASHINGTON OFFICE
(202) 225-3072

DISTRICT OFFICES
1042 WEST HEDDING STREET
SUITE 100
SAN JOSE, CA 95126
(408) 247-1711

38750 PASEO PADRE PARKWAY
FREMONT, CA 94536
(415) 792-5320

May 24, 1994

Hon. Jim McDermott
Chairman
House Committee on Standards of
Official Conduct
HT-2, the Capitol
Washington, D.C. 20515

ATTENTION: Ms. Ellen L. Weintraub

Dear Mr. Chairman:

Through this letter, I would like to (a) supplement my filing for 1993, and (b) amend my filing for 1992.

To supplement my 1993 filing, I submit the following information on my holdings:

Liberty Union High School District Bond
Purchased December 17, 1992
Maturity date August 1, 1993
Value: $15,000 - 50,000
Income: Interest
Amount of Income: $5,000 - $15,000

To amend my 1992 filing, I would like to make note that the date of purchase of the El Cajon California Redevelopment Agency Bond was November 10, 1992.

Also in 1992, the following information on my spouse's holdings should be included in Schedule III, relating to assets and unearned income:

(S) Bank of New York (savings account):
Value: (B) $1,001 - $15,000
Income: Interest
Amount of Income: II $201 - $1,000

(S) Central Hudson Gas & Electric Co (bequest):
Value: (C) $15,001 - $50,000
Income: Dividends
Amount of Income: II $201 - $1,000

Also to amend my 1992 filing, I enclose the following page of

transactions relating to my spouse's holdings. Since the transactions emanated from her inheritance, it was our understanding that they did not have to itemized. However, we are pleased to include this information.

Finally, I would like to correct a typographical error, to reflect that the type of income in each case listed on p. 5 of the 1992 filing should be Interest, not Capital Gains.

I regret any inconvenience caused by these oversights, and hope this supplementary information is clear.

Sincerely,

Don Edwards

Don Edwards
Member of Congress

MILBANK WINTHROP & CO.

TRANSACTION LEDGER
EDITH B. WILKIE
FOR THE PERIOD FROM: 01/01/92 THROUGH 12/31/92

BUY/SELL	SHARES	SECURITY DESCRIPTION	DATE	PRICE PER SHR	TOTAL DOLLARS
BUY	400	TIME WARNER INC	05/13/92	27.78	11110.00
BUY	300	CONAGRA INC	05/13/92	26.10	7830.00
BUY	375	AFLAC INC COM	05/13/92	22.48	8430.00
BUY	200	BELLSOUTH CORP COM	05/13/92	49.10	9820.00
BUY	300	ADC TELECOMMUNICATION INC COM	05/13/92	16.12	4837.50
BUY	20,000	U. S. TREASURY NOTES 6.875% 04/30/97	05/13/92	101.44	20287.50
BUY	30,000	U. S. TREASURY NOTES 7.500% 05/15/02	05/13/92	101.50	30450.00
BUY	30,000	U. S. TREASURY BONDS 7.625% 02/15/07	05/13/92	101.31	30393.75
BUY	400	AMERICAN EXPRESS CO	05/13/92	22.98	9190.00
BUY	200	WASTE MANAGEMENT	05/13/92	37.73	7545.00
BUY	200	DOVER CORP	05/13/92	39.35	7870.00
BUY	100	ADC TELECOMMUNICATION INC COM	05/13/92	16.12	1612.50
BUY	300	TOPPS COMPANY INC	05/13/92	17.25	5175.00
BUY	10,000	U. S. TREASURY NOTES 6.875% 04/33/97	05/13/92	101.44	10143.75
BUY	600	GRUPO TELEVISA SA DE CV SER L NPV (MXP)	05/18/92	10.25	6150.00
BUY	100	NEWELL COS INC	07/02/92	35.87	3586.50
BUY	200	ST JUDE MEDICAL CENTER INC	07/13/92	31.50	6300.00
SELL	10,000	U. S. TREASURY NOTES 6.875% 04/30/97	07/13/92	103.41	10340.63
BUY	200	TOPPS COMPANY INC	09/21/92	16.19	3238.40
BUY	100	NEWELL COS INC	10/20/92	37.73	3772.50
BUY	100	ST JUDE MEDICAL CENTER INC	10/20/92	34.60	3460.00
BUY	200	ADC TELECOMMUNICATION INC COM	10/20/92	35.60	7120.00
BUY	200	FORD MOTOR	11/06/92	38.60	7720.00
BUY	100	TIME WARNER INC	11/06/92	25.48	2547.50
BUY	200	AMERICAN EXPRESS CO	11/06/92	20.98	4195.00
BUY	200	WASTE MANAGEMENT	11/06/92	40.22	8045.00
BUY	300	SCHLUMBERGER	12/30/92	56.97	17092.50
BUY	40,000	U S TREAS NOTES DTD 10/15/92 6.000% 10/15/99	12/30/92	98.38	39350.00
BUY	300	IMCERA GROUP INC COM	12/30/92	33.60	10080.00
BUY	100	FORD MOTOR	12/30/92	42.93	4297.50

MILBANK WINTHROP & CO.

MILBANK WINTHROP & CO.
PORTVUE - WILKE.LSK

SCHEDULE OF REALIZED GAINS AND LOSSES
EDITH B. WILKIE

FOR THE PERIOD FROM: 01/01/92 THROUGH 12/31/92

	SECURITY DESCRIPTION	ORIGINAL COST	PURCHASE DATE	PROCEEDS	SALE DATE	GAIN OR (-LOSS)
SHORT-TERM						
10,000	U. S. TREASURY NOTES 6.875% 04/30/97	10,143.75	05/13/92	10,340.63	07/13/92	196.88

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 AM 9:26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

4

Vernon J. Ehlers
(Full Name)
1848 Moningside Dr. SE
(Mailing Address)
Grand Rapids, MI 49506
202-225-3831
(Telephone Number)

Filer Status	☑ Member of the U.S. House of Representatives — State MI District 3rd	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☑	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Vernon J. Ehlers

DATE (Month/Day/Year) 5/7/94

Name	Page
Vernon J. Ehlers	2 of 4

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Michigan (State Senate Salary)	Salary	$46,226.58
	Central Reformed Church (All received while I wa a state senator.)	Speech	35.00
	Seymour Chr. Ref. Church	"	25.00
	Eastern Ave. " " "	"	25.00
	Michigan State Univ.	Focus Group	50.00

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Vernon J. Ehlers

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St. Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	NBD Bank, Grand Rapids, MI				X								X						X								
	IRA, " " " " "			X									X				NA										
	State of Michigan - Retirement Account				X								X				NA										
	" " " - 401(k) Account				X								X				NA										
	" " " - Deferred Comp. Acct.					X							X				NA										
	Kent County Retirement Acct.			X									X				NA										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Vernon J. Ehlers

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction (P, S, E)
	TIAA-CREF Retirement Acct 730 Third Avenue New York, NY 10017-3206						X				X		X				NA										

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 3:32

HAND DELIVERED

(Office Use Only) (7)

Norvell William Emerson
(Full Name)

2454 Rayburn Building
Washington, DC 20515
(Mailing Address)

(202) 225-4404
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Missouri District 8th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Norvell William Emerson — DATE (Month/Day/Year): May 14, 1994

Name	Page
Norvell William Emerson	2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	National Restaurant Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Norvell William Emerson	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Ocean Spray Growers	Speech	February 7, 1993	$2,000
National Cotton Council	Speech	February 1, 1993	$2,000

This page may be copied if more space is required.

Name Norvell William Emerson

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	1310 Lexington, Cape Girardeau, MO					X						X								X							

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Mercantile Bank, Cape Girardeau, MO	Mortgage on 1310 Lexington		x					
	Bank of Sikeston, Sikeston, MO	Home equity loan			x				
	First Commercial Bank, Gideon, MO	Personal loan		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
National Cotton Council	Jan. 31 - Feb. 1	St. Louis/San Antonio/ Washington, DC	Y	Y	N	N
Ocean Spray Growers	Feb. 5-8	Washington, DC/Orlando/ Washington, DC	Y	Y	Y	N
The Congressional Institute	Feb. 26-27	Princeton, NJ/Wash. DC	Y	Y	Y	N
The American Council on Germany	Apr. 29 - May 1	No Travel Provided	Y	Y	N	N
The Congressional Study Group on Germany	May 31 - June 6	Washington, DC/Frankfurt/ Zurich/Washington, DC	Y	Y	Y	N
Association of American Railroads	July 9-12	Washington, DC/Jackson Hole, WY/Washington, DC	Y	Y	Y	N
National Ground Water Association	Oct. 17-18	Kansas City, MO/Wash. DC	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, Board of Governors	Capitol Hill Club

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 - 75-884 (main)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:39

Rep. Eliot L. Engel
(Full Name)

1433 Longworth House Office Building
(Mailing Address)

Washington, DC 20515

Daytime Telephone
202/225-2464

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State District New York 17th	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Eliot L. Engel

DATE (Month/Day/Year) 5/15/94

1060

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
Lehman College, City University of New York	Approved Teaching Fee	$128.70
Monroe College	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II

Name	Rep. Eliot L. Engel	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	New York State Food Merchants Association	Speech	March 13, 1993	$1,000.00
	Riverdale/Yonkers Ethical Culture Society	Speech	Oct. 17, 1993	25.00
	American Amusement Machine Association	Cong. Tournament	May 18, 1993	100.00

This page may be copied if more space is required.

Name Rep. Eliot L. Engel

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock			X							X								X								P
	123 Main St., Dover, Del						X					X										X					
	1st Bank of Peoria, IL accounts				X								X							X							
	Marine Midland				X								X							X							
	Cong. Federal Credit Union			X									X						X								
	Dreyfus Liquid Assets			X							X							X									
	First Union			X									X					X									
	Israeli Bonds		X										X					X									

For additional assets and unearned income, use next page.

Name Rep. Eliot L. Engel | Page 5 of 5

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NY State Food Merchants Association	3/12-15	NY-Ft. Lauderdale, Fla. Return to DC	Y	Y	N	1-1/2 days
NYC Congressional Tour	5/15-16	N/A	N	Y	Y	Y
Congressional Human Rights Foundation	4/9-16	NY-Rome-Skopje-Pristina-Mitrovica-Skopje-Thessaloniki-Athens-NY	Y	Y	N	N
American Israel Public Affairs Committee	12/19-23	DC-Miami-DC	Y	Y	N	3 days

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ELIOT L. ENGEL

COMMITTEE ON
EDUCATION AND LABOR

COMMITTEE ON
FOREIGN AFFAIRS

RECEIVED
1994 MAY 17 PM 4:56

Congress of the United States
House of Representatives
Washington, DC 20515-3217

DISTRICT OFFICES
3655 JOHNSON AVENUE
BRONX, NY 10463
718 796-9700

655 EAST 233RD STREET
BRONX, NY 10466
718 652-0400

177 DREISER LOOP, ROOM 3
BRONX, NY 10475
718 320-2314

29 WEST 4TH STREET
MOUNT VERNON, NY 10550
914 699-4100

87 NEPERHAN AVENUE, ROOM 211
YONKERS, NY 10701
914 423-6700

May 17, 1994

HAND DELIVERED

1

The Honorable Jim McDermott
Chairman, Committee on Standards of
Official Conduct
US House of Representatives
HT-2 Capitol
Washington, DC 20515

MC

Dear Mr. Chairman:

In reviewing my 1993 Financial Disclosure Statement, I realized that we had inadvertently omitted the name of one of the sponsors of a fact-finding trip I took in April, 1993.

Under Schedule VII - Fact-Finding, Substantial Participation, and Other Travel, the source of travel from April 9-16, 1993 should be listed jointly as the Congressional Human Rights Foundation and the United Hellenic American Congress.

If any additional information is required, please be sure to let me know.

Sincerely,

Eliot L. Engel

Eliot L. Engel
Member of Congress

ELE/ps

1066

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:16

HAND DELIVERED

KARAN L. ENGLISH

3281 S. Walkup Drive
Flagstaff, AZ 86001

202/225-2190

AZ
6

Filer Status	[X] Member of the House of Representatives	[ ] Officer or Employee	
Report Type	[X] Annual (May 15)	[ ] Amended	[ ] Termination (Date)

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**		X
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Karan L. English

DATE (Month, Day, Year): May 16, 1994

Name KARAN ENGLISH	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State Senate, State of Arizona	Legislative Salary	$579.00
	Arizona Raft Adventures	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash. D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 13, 1993	$2,000 $500
	N/A			

This page may be copied if more space is required.

Name KARAN ENGLISH | Page4 of 9

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	First Interstate Bank			X									X						X								
JT	First Interstate Bank			X									X					X									
JT	Congressional Fed. Credit Union			X									X					X									
S	First American Title			X									X							X							
S	Intergen Investors Ltd.				X								X					X									
S	John Hancock				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name KARAN ENGLISH

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
S	Arizona Raft Adventures	F: $250,001 – $500,000	DIVIDENDS	II: $201 – $1,000	
S	John Hancock	B: $1,001 – $15,000	DIVIDENDS	II: $201 – $1,000	
S	AZ State Retirement Plan	Won't know value until retire at age 62	QUALIFIED BLIND TRUST	None	

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SCHEDULE IV — TRANSACTIONS

Name: Karan English

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
SP	North American Vaccine Stock		x		4-2-93	x						
SP	Aura Systems, Inc. Stock		x		4-2-93	x						
SP	Con Agra, Inc. Stock		x		4-2-93	x						
SP	Glaxo Holdings Stock		x		11-30-93	x						
SP	RJR Nabisco		x		11-30-93	x						

This page may be copied if more space is required.

Name Karan English | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	N/A								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
N/A		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	North American Association for Enviro Education (speech and workshops)	Sept. 24-26, 1993	Wash., D.C. - Denver-Bozeman-Denver-Wash D.C.	Y	Y	N	N
	Economic Policy Institute	March 4-9, 1993	Wash, D.C. - San Diego-Tijuana- San Diego-Phoenix-Flagstaff-Phoenix -Wash, D.C.	Y	Y	N	Y

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Honorary Board Member	Arizona Kids Voting Project
Honorary Member	National Association of Women Business Owners--Phoenix

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:04

Anna Georges Eshoo
(Full Name)

40 Isabella Avenue - Atherton - California 94027 415-323-2984
(Mailing Address) (Daytime Telephone)

(Office Use Only) 7

Filer Status	☒ Member of the U.S. House of Representatives	State California District 14th	☐ Officer or Employee	Employing Office
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☒	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒ No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Anna Georges Eshoo

DATE (Month/Day/Year): May 10 1994

Anna Georges Eshoo 1 6

SCHEDULE I -- EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	County of San Mateo / Retirement Fund	Retirement Benefit	$6900.00
	County of San Mateo		$456.00

For payments to charity in lieu of honoraria, use Schedule II.

Name: Anna Georges Eshoo | Page 2 of 6

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Stanford University Medical Department # 3170725 / Eye Doctors donation made directly to the San Mateo County General Hospital Foundation San Mateo California	Speech to Peninsula Eye Society	May 14 1993	$500.00

This page may be copied if more space is required.

Name Anna Georges Eshoo | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	The Hartford Group / Deferred Comp.					X					Deferred Compensation Plan												X	X			
	County of San Mateo / Retirement				X						Retirement Plan												X				
	Great Western Bank / Checking			X									X					X									
	Great Western Bank / Savings				X								X					X									
	San Mateo Credit Union		X										X					X									
	Penn Mutual Life Ins. Co.			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Prudential Mortgage Co.	Mortgage on my home at 40 Isabella Ave - Atherton - Calif. 94027					X		
	San Mateo Credit Union, Redwood City California 94063	Loan for used auto for my son	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	none	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Women's Legal Defense Fund Conference	Jan 29 to Jan 31/1990	Beltimore, MA to Raleigh, N.C. to Brunswick Georgia and return ($293.00)	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Member, San Mateo County Board of Supervisors	Board of Supervisors

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

WASHINGTON OFFICE
1505 LONGWORTH BUILDING
WASHINGTON, DC 20515-0514
(202) 225-8104

DISTRICT OFFICE
698 EMERSON STREET
PALO ALTO, CA 94301
(415) 323-2984
(408) 245-2339

94 JUN 17 AM 8 44

Anna G. Eshoo
14th District, California
Congress of the United States
House of Representatives
Washington, DC 20515-0514

COMMITTEE ON SCIENCE, SPACE, AND TECHNOLOGY
SUBCOMMITTEES
TECHNOLOGY, ENVIRONMENT AND AVIATION
SPACE
SCIENCE

COMMITTEE ON MERCHANT MARINE AND FISHERIES
SUBCOMMITTEES
ENVIRONMENT AND NATURAL RESOURCES
OCEANOGRAPHY AND THE OUTER CONTINENTAL SHELF

NORTHERN CALIFORNIA REGIONAL WHIP

June 10, 1994

MC

INSIDE MAIL
2

Honorable Donald K. Anderson
Clerk, U.S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I have discovered three errors in my Financial Disclosure Statement under Schedule III entitled, Assets and "Unearned" Income.

Attached is an amended form. Please contact me should you have questions or require additional information.

Sincerely,

Anna G. Eshoo
Member of Congress

AGE:kkc
Enclosure

THIS STATIONERY PRINTED ON PAPER MADE OF RECYCLED FIBERS

AMENDED – JUNE – 1994

Name ANNA Georges ESHOO | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide full address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totaling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Owner	Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Type of Income	DIVIDENDS	INTEREST	EXCEPTED TRUST	Amount of Income	I None	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP	Eshoo, Anna			X							X													P
JT						X						X												
The HARTFORD Group / Deferred Comp						X					Deferred comp Plan										X			
County of San Mateo / Retirement			X	X							Retirement Plan								X	X				
Great WESTERN BANK / Checking			X									X			X									
Great Western BANK / Savings				X								X			X									
San Mateo Credit UNION		X										X			X									
Penn Mutual Life Ins. Co.			X									X			X									

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:11

(6)

Lane E. Evans
[illegible] 4th Street
Rock Island, IL 61201 (202) 225-5905

Filer Status: [illegible] Illinois 17

Report Type: [illegible]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have earned income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**		X
Did you, your spouse, or a dependent child receive unearned income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, unearned income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report, may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Lane Evans

DATE (Month, Day, Year): May 13, 94

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Lane A. Evans

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions pages 14–20

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	406 S. Capitol St., SE, Wash, DC							X				X								X							
	Plow and Planter Employees Credit Union, IRA, Moline, IL			X									X						X								
	Wright Patman Federal Credit Union, Savings Accts & IRA, Washington, DC				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name [illegible] | Page [illegible] of [illegible]

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO DAY YR)	Amount of Transaction: B $1,001-$15,000	C $15,001-$50,000	D $50,001-$100,000	E $100,001-$250,000	F $250,001-$500,000	G $500,001-$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10 12 93		X					
	2721 - 8½ Avenue, Rock Island, IL	(Donation)			1 29 9[illegible]	X						

This page may be copied if more space is required.

Name Lane A. Evans

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x			
	KeyCorp Mortgage, Buffalo, NY	Mortgage on 406 S. Capitol St.				x			
	Riggs Bank, Washington, DC	Mortgage on 406 S. Capitol St.		x					
	Midland Mortgage, Oklahoma City, OK	Mortgage on 406 S. Capitol St.				x			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Illinois Humanities Council		Nov.13-14	Moline, IL - Chicago - Moline, IL	Y	Y	N	N

This page may be copied if more space is required.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Illinois Public Action, Chicago, IL
Founder	Democrats 2000, Washington, DC
Director	Skills, Inc., Moline, IL
Director	Center for Mind-Body Studies, Washington, DC

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment; a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A

For use by Members, officers, and employees

R. Terry Everett

Enterprise, AL

MAY 15 1994

9

Filer Status	[X] Member of Congress / Resident Representative	Nominee	[ ] Officer or Employee	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: R. Terry Everett

DATE (Month, Day, Year): 5/13/94

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Name R. Terry Everett	Page 2 of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Union Springs Newspapers, Inc.	Salary	20,800

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page of
[illegible]	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
None			

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Name R. Terry Everett | Page 4 of

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Merrill-Lynch			X																							
	Merrill-Lynch								X																		
	Treasury Notes						X																				
	Due from Everett for Congress								X																		
	Notes receivable on real estate						X																				
	400 acre farm							X				X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet if needed

Name [illegible] | Page [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									Type of Income						Amount of Income									Transaction
		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
	C D -Co[illegible] Bank								X																	
	Investment Bank account -Co[illegible] bank						X																			
	Union Springs Newspaper [illegible]						X																			

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SCHEDULE IV — TRANSACTIONS

Name R. Terry Everett | Page 6 of

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
	Various stocks		X		Var. 1993		X					

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Name R. Terry Everett | Page 7 of

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Congress Bank	Line of credit/Personal						X	
	Altus Bank	Home loan	X						
	Charles Taylor	Farm loan					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name R. Terry Everett	Page 8 of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
None							

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Name	Page of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

9

1994 JUN 28 AM 10:53

HAND DELIVERED
(Office Use Only)

Filer's Name: R. TERRY EVERETT

Mailing Address: 116 SOUTH MAIN STREET, SUITE 211
ENTERPRISE, ALABAMA 36330

Daytime Telephone: (205) 393-2996

Filer Status	[X] Member of the U.S. House of Representatives	State: ALABAMA District: 2ND	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[X] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: R. Terry Everett

DATE (Month Day Year): 6-28-94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$8,000
State of Maryland	Legislative Pension	$8,000
Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	N/A
Union Springs Newspapers, Inc. - Union Springs, AL	Salary	20,800
Union Springs Newspapers, Inc. - Union Springs, AL - Wife	Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

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Name	R. TERRY EVERETT	Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the sponsor, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

Source	Activity	Date	Amount
Association of [illegible] Wash., D.C.	Speech	Feb. 2, 1993	[illegible]
	Article	Aug. 13, 1993	[illegible]
NONE			

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name R. TERRY EVERETT

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or [illegible] which generated more than $200 [illegible] income during the year. For rental [illegible] provide an address; provide full [illegible] funds. For an IRA or [illegible] self-directed, list the underlying [illegible] than $1,000. For an IRA or [illegible] self-directed, name the [illegible] account.

Exclude: Your personal residence [illegible] rental income); any asset owned by you [illegible] spouse, or by your or their children [illegible] or sibling; any deposit bearing no [illegible] personal savings [illegible] or income [illegible] insurance.

If you so choose [illegible] income [illegible] depend [illegible] optional [illegible]

For IRA or [illegible]

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A $1 – $1,000	B	C $15,001 – $50,000	D	E $100,001 – $250,000	F	G $500,001 – $1,000,000	H	DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST		Rent	II $201 – $1,000	III	IV $2,501 – $5,000	V	VI $15,001 – $50,000	VII	VIII $100,001 – $1,000,000	IX	Transaction P, S, E
SP	[illegible]			X						X						X								P
DC	[illegible]											X												
	[illegible]																							
JT	Merrill-Lynch - SynTex Corp.			X						X								X						
	Merrill-Lynch - Treasury notes held							X				X								X				
	Treasury Notes - U.S.					X						X								X				
	Enterprise, AL Due from Everett for Congress							X				X			X									
	400 Acre Farm - Houston County, AL						X				X								X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name R. TERRY EVERETT

Page 5 of 9

			BLOCK D Amount of Income	
C.D. - Compass Bank, Dothan, AL	X	X		
Compass Bank Investment bank account - Dothan, AL	X	X		
Union Springs Newspapers, Inc. - Union Springs, AL - Stock	X	X	X	
Notes Receivable - Boone County Newspapers, Logan, West Virginia	X	X	X	
Notes Receivable - Donaldsonville Newspapers, Donaldsonville, LA	X	X	X	
Stock - Premium Homes, Inc. Enterprise, AL	X	X	X	
Notes Receivable - Real Estate On three personal residences in Enterprise, Coffee County, AL	X	X	X	
C.D.'s - Dothan Federal Savings Dothan, AL	X	X	X	

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SCHEDULE IV — TRANSACTIONS

Name R. TERRY EVERETT

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	Over $1,000,000
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	Cifra Stock			X		8/10/93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000
	Farmers Bank, Dothan, AL	Mortgage on 123 Main St., Dover, Del.				X		
	Compass Bank, Dothan, AL - Campaign Loans	Line of credit/Personal						X
	Altus Bank, Dothan, AL - Personal Note	Home Loan	X					
	Charles Taylor, Dothan, AL - Farm	Farm Loan					X	

SCHEDULE VI — GIFTS

Source, description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year. Exclude: gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her status. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: Please Note: As a rule, exhibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Committee on Standards	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

This page may be copied if more space is required.

Name	R. TERRY EVERETT	Page 9 of 9

SCHEDULE VIII — POSITIONS

[illegible] compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, [illegible] representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see instructions, pages [illegible].

Exclude positions held in religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule [illegible].

[illegible]	Name of Organization
NONE	

SCHEDULE IX — AGREEMENTS

[illegible] agreement or arrangement with respect to: future employment; a leave of absence during the period of [illegible] payments by a former or current employer other than the U.S. Government; or continuing participation in an [illegible] sponsored by a former employer. For further information, see instructions, page 26.

[illegible]	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 AM 11:30
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

10

Thomas W. Ewing
(Full Name)

310 West Lincoln Street
(Mailing Address)

Pontiac, IL 61764

(815) 844-7660
(Daytime Telephone)

Filer Status	[x] Member of the U.S. House of Representatives — State IL District 15th	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [x] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [x] No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 11 1994

1108

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State Farm Mutual Automobile Insurance Co.	spouse salary	NA
	Satter, Ewing, Beyer & Spires (deferred compensation for legal services performed prior to taking office in 1991)	deferred compensation	$ 1,777
	State of Illinois	pension	$41,421

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 10
Thomas W. Ewing	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
None				

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Thomas W. Ewing | Page · of 10

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A: Asset and/or Income Source	None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, De							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Pontiac National Bank [illegible] Pontiac, IL			X														X									
	Principal Bank Corp. [illegible] Pontiac, IL						X				X									X							I
	Pontiac Bancorp, Inc. [illegible] Pontiac, IL			X							X							X									
	Lexington Bank [illegible] Lexington, IL			X													X										
	State Bank of Gravmont [illegible] Gravmont, IL			X													X										
	Ewing Bros. Farm, Logan Co., IL [illegible] adult children				X							X					X										

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas W. Ewing

Page 5 of 10

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	S. Y. Ewing Trust Farm, McLean Co., IL 1/2 int. in 160 acres						x					x					x										
	Odell Farm Trust 625, 300 acres Livingston County, IL (gross income)							x				x											x				
	Newtown Farm, 92 acres Livingston County, IL (gross income)						x					x											x				
	Fairway View Subdivision, Livingston Co., IL 1/2 int. in 30 acres (gross income)							x						x										x			S
	Fairway View Farm, Deerfield Rd, Pontiac IL 1/2 int. in 30 acres (gross income)					x						x										x					
	McLean Rental House McLean County, IL (gross income)			x								x								x							
JT	Residence, 310 W. Lincoln Street Pontiac, IL						x										x										
	Livingston County Broadcasters, Inc. 2 shares			x							x						x										
	State of Illinois Employees Deferred Compensation Plan				x												NA										
	Pontiac National Bank Thomas W. Ewing Profit Sharing Pension Plan Assets:																										
	Cash	x											x					x									
	Southwest Royalties Fund			x									x					x									
	Kemper Mutual Fund Govt. Portfolios			x							x							x									
	Illinois Power Co. stock			x							x							x									
	Principal National Bank Corp. stock				x						x							x									P
	WMX Technologies, Inc. (formerly Waste Management, Inc.) stock			x							x							x									
	Bank of IL In Galesburg stock			x							x						x										P
	State Farm Life Insurance Company Flexible Premium Annuity IRA			x													NA										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

(Continuation Sheet if needed)

Name Thomas W. Ewing | Page [illegible] of [illegible]

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset								BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
		A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	P, S, E
	Lot 6, Gardner-Ewing Addition to Fairway View Subdivision, Fontana, [illegible] NWA Companies			x						x						x	x								
	Principal National Bank.																								
SP	[illegible]				x					x								x							P
	State Farm [illegible]																								
SP	[illegible]			x								x					x								
	Bank [illegible]																								
SP	Savings		x									x					x								
	Bank [illegible]																								
SP	Checking			x												x									
	State Farm Mutual Fund, Inc.																								
SP	Mutual Fund			x						x								x							P
	State Farm [illegible] Fund																								
SP	Mutual Fund			x						x								x							P

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Name Thomas W. Ewing

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	Principal National Bancorp, Inc. 334 shares Thomas W. Ewing Profit Sharing	x			05-01-93		x					
SP	Principal National Bancorp, Inc. 166 shares	x			05-01-93	x						
	Principal National Bancorp, Inc. 608 shares	x			09-01-93		x					
SP	Principal National Bancorp, Inc. 100 shares	x			09-01-93	x						
	Bank of Illinois in Galesburg Thomas W. Ewing Profit Sharing	x			12-01-93	x						
SP	State Farm Growth Fund Mutual Fund, Inc.	x			06-01-93	x						
SP	State Farm Balance Fund Mutual Fund, Inc.	x			06-01-93	x						
	1/2 interest in Lot 5, Fairway View Subdivision, Pontiac, IL		x		02-03-93	x						
	1/2 interest in Lot 30, Fairway View Subdivision, Pontiac, IL		x		03-09-93	x						
	1/2 interest in Lot 2, Gardner-Ewing First Addition to Fairway View Subdivision, Pontiac, IL		x		01-15-93	x						
	1/2 interest in Lot 3, Gardner-Ewing First Addition to Fairway View Subdivision, Pontiac, IL		x		01-11-93		x					
	1/2 interest in Lot 4, Gardner-Ewing First Addition to Fairway View Subdivision, Pontiac, IL		x		05-25-93		x					
	1/2 interest in Lot 5, Gardner-Ewing First Addition to Fairway View Subdivision, Pontiac, IL		x		01-11-93		x					
	1/2 interest in Lot 7, Gardner-Ewing First Addition to Fairway View Subdivision, Pontiac, IL		x		01-08-93		x					
	Satter, Beyer & Spires (payment on contract for sale of partnership interest)		x		07-01-91	x						

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Name	Thomas W. Ewing	Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Pontiac National Bank	Assignment of beneficial interest Odell Farm Trust 625; mortgage		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
Republican Leaders Golf Tournament Capitol Hill Club	Two first class airline tickets from Washington/Baltimore to Bermuda on U.S. Air (NOTE: This was a door prize won in public raffle and exempt from gift limitations.)	$2200.00

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
American Israel Education Foundation	Aug. 23-30	Chicago/Tel Aviv Tel Aviv/Chicago	Y	Y	y - spouse	

This page may be copied if more space is required.

Name	Thomas W. Ewing	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Pontiac National Bank (uncompensated)
Director	Livingston County Broadcasters, Inc. (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	State of Illinois Deferred Compensation Plan	No distribution until age 65.
	State of Illinois General Assembly Pension	Benefits currently being received--payable at age 55.
	Thomas W. Ewing Profit Sharing Pension	Owner of this plan does not currently qualify for any benefits under this plan.

GPO: 1994 - 75-884 (168)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 12 AM 10: 33
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED
(Office Use Only)

4

ENI F. H. FALEOMAVAEGA
(Full Name)

109 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202-225-8577

Filer Status	[X] Member of the U.S. House of Representatives	State Am. Samoa District At Large	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Eni F. H. Faleomavaega

DATE (Month/Day/Year) May 11, 1994

Name	Page 2 of 4
Hon. ENI F.H. FALEOMAVAEGA	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Continental Airlines	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name: Hon. ENI F.H. FALEOMAVAEGA

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	IDS American Express (Account) Minneapolis, Minnesota				X						X		X								X						

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Mashantucket Pequot Tribal Council	Oct 22-24	Wash, DC - Mystic, CT - Wash, DC	Y	Y	N	N
	Utah Families Foundation	Aug 21-25	Wash, DC - Park City, UT - Wash, DC	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Sam Farr

1216 Longworth House Office Building

Washington, DC 20515 (202) 225-2861

Filer Status	[X]	[ ]
Report Type	[X]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[ ]	[X]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Sam Farr

DATE: 5/16/94

1122

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of California	Salary/per diem	34,607
	Financial Transitions Institute	Spouse's income from consulting	N/A
	Hospice of Monterey	Spouse's salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Sam Farr | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

[illegible] Income Source	BLOCK B Value of Asset							BLOCK C Type of Income					BLOCK D Amount of Income							BLOCK E Transaction
[illegible] Income Source [illegible] Value [illegible] of the reporting year, [illegible] source of income which [illegible] "unearned" income [illegible] or likely provide [illegible]	[illegible] at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."							If other than one of the listed categories, specify the type of income by writing a brief description in this block.					For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.							Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.
[illegible] your personal residence(s) [illegible] money, any debt owed to you by your [illegible] by your or your spouse's child, parent [illegible] any deposits totalling $5,000 or less in [illegible] savings accounts; any financial interests in [illegible] derived from U.S. Government retirement [illegible]	A $1 – $1,000	[illegible]	C $15,001 – $50,000	[illegible]	E $100,001 – $250,000	[illegible]	G $500,001 – $1,000,000	DIVIDENDS	[illegible]	INTEREST	[illegible]	EXCEPTED TRUST	None	[illegible]	II $201 – $1,000	[illegible]	IV $2,501 – $5,000	[illegible]	VI $15,001 – $50,000	[illegible]	VIII $100,001 – $1,000,000	[illegible]	P, S, E
[illegible]	[illegible]	[illegible]	X	[illegible]	[illegible]	[illegible]	[illegible]	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	P
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	X	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	[illegible]	
Chevy Chase Land Co., stock			x					x								x							
Devil's Flat Assn., membership		x											x										
Point 16, Big Sur, Calif.		x											x										
Interest in CA St. Rtrmnt. Sys.			x										x										
Sorenson's Resort, Ltd. Ptnrshp			x										x										
1529 Washoe Wy, Tahoe City, CA			x							x						x							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Dean Witter Mutual Funds				x														x								
	Bank of America, stock			x														x									
S	Bennett Prop. Ltd. Partnership				x															x							
DC	Chas. Bennett Trust Beneficiary					x															x						
JT	Lots 2,9,10 SE Corner Santa Lucia & Camino Real, Carmel, CA						x										x										
	Remainder interest in Janet H. Farr Trust as follows:																										
	AT&T stock				x												x										
	Boeing Co. stock				x												x										
	Bristol Meyers Squibb stock				x												x										
	General Electric Co. stock				x												x										
	Great Western Fin. Corp. stock				x												x										
	Hewlett Packard stock				x												x										
	Intel Corp. stock				x												x										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Sam Farr

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Remainder interest in Janet H. Farr Trust (continued)																										
	IBM Corp. stock				x												x										
	ITT Corp. stock				x												x										
	Merck & Co. stock				x												x										
	Motorola Inc. stock					x											x										
	Pfizer Inc. stock					x											x										
	SF Fed. stock				x												x										
	SCE Corp. stock				x												x										
	Schlumberger Ltd. stock				x												x										
	WMX Technologies stock				x												x										
	Dean Witter Liquid Assets Fund			x													x										

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Name	Page 6 of 6
Sam Farr	

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B	C	D	E	F	G	H
			$10,001–$15,000	$15,001–$50,000	$50,001–$100,000	$100,001–$250,000	$250,001–$500,000	$500,001–$1,000,000	over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
S	Pacific Western Bank	Loan to spouse's business, Financial Transitions Institute	X						

SCHEDULE VI – GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SAM FARR
17TH DISTRICT, CALIFORNIA

COMMITTEE ON AGRICULTURE
SUBCOMMITTEES
ENVIRONMENT, CREDIT AND RURAL DEVELOPMENT
SPECIALTY CROPS AND NATURAL RESOURCES
DEPARTMENT OPERATIONS AND NUTRITION

COMMITTEE ON ARMED SERVICES
SUBCOMMITTEE
MILITARY FORCES AND PERSONNEL

COMMITTEE ON NATURAL RESOURCES
SUBCOMMITTEE
ENERGY AND MINERAL RESOURCES

Congress of the United States
House of Representatives
Washington, DC 20515-0517

1218 LONGWORTH BUILDING
WASHINGTON, D.C. 20515-0517
(202) 225-2861

DISTRICT OFFICES
380 ALVARADO STREET
MONTEREY, CA 93940
(408) 649-3555

100 WEST ALISAL
SALINAS, CA 93901
(408) 424-2229

701 OCEAN STREET
ROOM 318
SANTA CRUZ, CA 95060
(408) 429-1976

June 14, 1994

1 INSIDE MAIL

MC

The Honorable Donnald K. Anderson
Clerk of the House
Office of Records and Registration
U.S. House of Representatives
1036 Longworth HOB
Washington, DC 20515

Dear Mr. Anderson:

Due to an oversight, I inadvertently failed to indicate certain information on my financial disclosure form.

On page 4 of my form (Schedule III - Assets and Unearned Income) the first four items listed show income received in the past year, but do not list the type of income. I wish to clarify that now so my records are complete.

For "Dean Witter Mutual Funds" the type of income is both dividends and capital gains.

For "Bank of America, stocks" the type of income is dividends.

For "Bennett Prop. Ltd. Partnership" the type of income is interest.

For "Chas. Bennett Trust Beneficiary" the type of income is interest.

This should clear up any misunderstandings concerning my financial disclosure. If you have any other questions about this matter, please feel free to contact me.

Sincerely,

Sam Farr
Member of Congress

SF/rsd

PRINTED ON RECYCLED PAPER

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 09

HAND DELIVERED

Harris W. Fawell

444 S. Sleight Street

Naperville, Illinois 60540 (708) 655-2052 (h) (202) 225-3515

Filer Status	[X]	Illinois 13th	[ ]
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION -- ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [X]	No [ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION -- ANSWER EACH OF THESE QUESTIONS

TRUSTS -- Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION -- Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION -- THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6 §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Harris W. Fawell

DATE: 5-13-94

1129

Name Harris W. Fawell	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Illinois	Pension	$18,548
	Century 21 All Stars (spouse - Real Estate Agent)	NA	NA
	State of Illinois Teacher Fund (spouse)	NA	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II -- PAYMENTS IN LIEU OF HONORARIA

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
NA				

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Harris W. Fawell

Page 4 of 9

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	First Col Bank of DuPage County Stock		X								X						X										
	Lake Shore Bancorp Stock				X						X								X								
	Harris Bank Naperville IRAs				X								X							X							
	RRB Bedford Money Market			X									X						X								
	Harris Bank Naperville Money Market				X								X							X							
	101 Washington Office Building (1/3 ownership)						X					X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harris W. Fawell

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	121 Venture Office Building (1/3 ownership)					x						x										x					
	Beaver Island, MI, real estate						x					x							x								
	Nalco Stock				x						x								x								
	Harris Bank Naperville Money Market (spouse, J/T with mother)					x							x							x							
	State Street Bank, Boston MA (deferred inc.-retirement prgm)							x					x									x					E*
	Travelers Life Ins. (spouse retirement fund) deferred income						x						x									x					
	Naperville Electric bond			x									x						x								
	Baxter International			x							x							x									
	Caremark International			x							x							x									
	Illinois Health Facility Bond			x							x								x								
	Dupage County, Il Bond			x							x								x								

This page may be copied if more space is required.

*Change of Trustee from Equitable Life Assurance Society to State Street Bank Boston MA

Name Harris W. Fawell | Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	The Illinois Health Facility	x			9-18-93	x						
	Dupage County Illinois Bond	x			5-12-93	x						

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Name Harris W. Fawell | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Harris Bank / Naperville	Mortgage on 121 Venture Office Building (1/3 ownership)			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	1993 Congress of Tomorrow	Feb. 25-27	Wash., DC-Princeton, NJ-DC	Y	Y	Y	NO

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	North Central College, Naperville, Il (not for profit corporation)
Board Member	Institute for Illinois (not for profit corporation)
Board Member	Wellness Community, Hinsdale, Il (not for profit corporation)
Board Member	The Illinois Coalition, Chicago, Il (not for profit corporation)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 24

VICTOR H. FAZIO, JR.
(Full Name)

2113 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-5716

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State: CA District: 3rd	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Victor H. Fazio Jr.

DATE (Month/Day/Year): 5/16/94

Name	VICTOR H. FAZIO, JR.	Page 2 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honorana, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Democratic Congressional Campaign Committee	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Wine Institute	Speech	Feb. 23, 1993	$ 1500
	American Wholesale Marketers Assn.	Speech	May 12, 1993	2000
	National Grocers Association	Appearance	June 22, 1993	1100
	Campbell-Raupe Inc. Cong. Leadership seminar	Speech	July 1-5, 1993	500
	Blue Cross and Blue Shield Association	Speech	Oct. 26, 1993	2000
	National Electrical Manufacturers Assn.	Speech	Nov. 15, 1993	2000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	354 Bridge Pl., W.Sacramento,CA					X						X										X					
	MLPFS CMA Fund (Money Market)			X									X							X							
	CA State Bonds	X									X								X								S
	WNC CA Housing Tax Credits III			X													X										P
	AFC Cherokee Housing Partners				X												X										
	LA County M.L. King Hospital Bonds			X							X								X								
	Northern CA Public Power Agency Bonds			X							X						X										
	Bakersfield, CA Redevelopment Agency Bonds			X							X								X								
	SEP/IRA MLPFS consisting of:																										
	ML Retirement Reserves			X							X							X									P
	ML Global Holdings (formerly ML International Holdings)			X							X							X									
	Comstock Prtnrs Strategy Fd.			X							X								X								
	American Capital Emerging Growth Fund			X							X							X									
	ML Basic Value Fund			X							X							X									P
	ML Euro Fund			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	SEP/IRA MLPFS continued:																										
	ML Pacific Fund			X							X							X									P
	ML Special Value Fund			X							X							X									
	Baltimore Gas & Elect.	X									X								X								S
	Delmarva Power & Light	X									X								X								S
	U.S. Treas. Strips			X							X						X										
	Resolution Funding Corp.			X							X						X										
	ML High Quality Corp Bond Fd			X							X								X								
	CD Coast Fed. Bank			X									X						X								
	CD Continental Bank			X									X						X								
	CD Glendale Fed			X									X						X								
	CD Bank United of Texas (formerly United Sav.)			X									X						X								
S	SEP/IRA MLPFS consisting of:																										
	ML SHT TRM GLBL			X							X								X								
	Wisc. Power & Light			X							X							X									
	CD Glendale Fed			X									X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name VICTOR H. FAZIO, JR.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income										BLOCK E Transaction
		None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	P, S, E
S	SEP/IRA MLPFS continued:																										
	CD Bank United of Texas (formerly United Sav.)			X									X					X									
	ML Basic Value Fund			X							X							X									
	Ford Motor Credit Co Notes			X									X						X								
	ML Global Holdings (formerly ML International Holdings)			X							X							X									
	American Capital Emerging Growth Fund			X							X						X										
	ML Growth Fund for Invest-Retire.			X							X						X										
	ML Retirement Reserves			X							X							X									P

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SCHEDULE IV — TRANSACTIONS

Name VICTOR H. FAZIO, JR. Page 7 of 10

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					
	CA State Bonds		X		4-5-93	X						
	WNC CA Housing Credits III	X			9-28-93	X						
	SEP/IRA MLPFS - self - transactions:											
	ML Basic Value Fund	X			9-2-93	X						
	ML Pacific Fund	X			9-2-93	X						
	Baltimore Gas & Electric		X		9-1-93	X						
	Delmarva Power & Light		X		8-2-93	X						
	CD Homestead Sav. Fed. - redemption		X		10-5-93	X						
	ML Retirement Reserves	X			12-31-93	X						
S	SEP/IRA MLPFS - spouse - transactions:											
	CD Citibank SD - redemption		X		12-14-93	X						
	CD Homestead Saving Fed. - redemption		X		10-5-93	X						
	ML Retirement Reserves	X			12-31-94	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities owed** to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example:	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Crossland Mortgage Corp.	Refinanced Mortgage on 354 Bridge Pl. W. Sacramento,CA		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NONE	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug 6–13	Wash., D C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Campbell-Raupe Congressional Leadership seminar	7/2-7/5	DC-Boston-Hyannis-Boston-DC	Y	Y	Spouse	N

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Name VICTOR H. FAZIO, JR.	Page 10 of 10

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (uncompensated)	Junior Statesmen Foundation
Director (uncompensated)	National Italian American Foundation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (rev.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:03

HAND DELIVERED

MC (Office Use Only) (8)

Cleo Fields
(Full Name)

513 Cannon House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: (202) 225-8490

Filer Status	[X] Member of the U.S. House of Representatives	State LA District 4	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file the report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) 5/12/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Louisiana Worker's Assistance Program, Baton Rouge, LA.	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 8
Cleo Fields	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Reno, Nevada Northern Nevada Black Cultural Awareness Society	Speech	Jan. 18, 1993	$2,000
Foss Avenue Baptist Church, Flint, MI.	Speech	June 13, 1993	$2,000
Chicago, IL. National Baptist Congress of Christian Ed.,	Speech	June 23, 1993	$2,000
Alaska Black Caucus, Anchorage, Alaska	Speech	June 26, 1993	$2,000
Tulsa Public Schools, Tulsa, OK.	Speech	Sept. 25, 1993	$1,000
Black Men's Society, Hartford, CT.	Speech	Oct. 16, 1993	$2,000

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Name Cleo Fields | Page 4 of 8

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income. If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income. For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction. Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction P, S, E
SP	Examples: Mega Corp Stock			X							X								X								P
DC	123 Main St., Dover, Del						X					X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Premier Bank Accounts, BR, LA.			X									X						X								
	Premier Securities, BR, LA.			X									X						X								
	Congressional Federal C.U., DC.				X								X							X							
	Paragon Portfolio (IRA), BR, LA.				X								N/A						N/A								P
	Stock- 1 Omni Insurance Groups, LR, AK.			X													X										P
	2525 77th Ave., BR, LA.					X						X										X					

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Cleo Fields

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Stephen's Inc. Savings Act,BR,LA			X													X										
	846 North Blvd., BR,LA (Vacant lot)				X												X										
	4824 Evangeline St., BR, LA.				X												X										P

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SCHEDULE IV — TRANSACTIONS

Name Cleo Fields

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example Mega Corporation Common Stock	X			10–12–93		X					
	4824 Evangeline St., BR, LA	X			12-28-93		X					
	Omni Insurance Groups Stock, Little Rock, AK.	X			11-24-93	X						
	Paragon Portfolio, (IRA), Baton Rouge, LA.	X			02-01-93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Estella Lenoir, 3503 Sugarcrest-Apt.F Florissant,MO. 63033	Mortgage on 2525 77th Ave.		X					
	Congressional Federal Credit Union	Personal Loans		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

BTR
1- BR- Baton Rouge, LA.

Name Cleo Fields

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
No. Nevada Bl. Cultural Aw.	Jan.18-19	BTR-Nevada-DC	Y	Y	Y	N
National Baptist Congress of Christian Education	June 23-24	DC-Detroit,MI- DC	Y	N	N	N
Congressional B.C. Foundat.	June 25-27	DC-LA,CA.-DC	Y	Y	Y	N
Foss Ave. Baptist Church	June 13	DC-Flint, MI-DC	N	N	Y	N
Alaska Black Caucus	June 26-27	LA,CA-Anchorage,AK-LA	Y	N	Y	N
Southern U. National Alumni	July 17-19	DC-Chicago, IL.-BR,LA	Y	N	N	N
Tulsa Public Schools	Sept. 25	BR,LA- Tulsa, OK.-BR,LA	N	N	N	N
Black Mens' Society(Hartford)	Oct.16-17	DC-Hartford,CT.-BR, LA	N	N	N	N
Gov. Florio's Campaign	Oct. 31	DC-Newark,NJ-DC	N	N	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 7:59

JACK FIELDS
2228 Rayburn Building 202-225-4901
Washington D.C. 20515

HAND DELIVERED

Filer Status	[X]	TX 08	
Report Type	[X]		

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**		X
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jack Fields DATE: 5-16-94

1156

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rosewood Funeral Home, Inc.	Consulting Fees	$18,000.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITIES

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honoraium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C. XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 13, 1993	$2,000 $500
	Nat'l Cable TV Assn	Telecommunications Roundtable	June 6	1500.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JACK FIELDS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categones, specify the type of income by wnting a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source		B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	C: DIVIDENDS	C: RENT	C: INTEREST	C: CAPITAL GAINS	C: EXCEPTED TRUST	C: QUALIFIED BLIND TRUST	D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	E: P, S, E
SP, DC, JT	Examples	SP				X						X								X								P
									X				X										X					
							X							X							X							
	Rosewood Memorial Park, Inc. Stock									X		NONE																
	Rosewood Funeral Home, Inc. Stock									X		X												X				
	One-half unit in limited partnership with Equipment Investors, II						X								X									X				
	Rosewood Memorial Park North, Inc.								X			NONE																
	7711 Peacock, Humble, TX					X							X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JACK FIELDS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Wright Patman Congressional Credit Union		X										X					X									
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County, Texas (formerly part of blind trust)			X							ROYALTY								X								
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (formerly part of blind trust)			X							ROYALTY								X								
	Rosewood Enterprises, Inc.					X					NONE																

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SCHEDULE IV — TRANSACTIONS

Name JACK FIELDS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10–12–93		X					

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Name	JACK FIELDS	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock, Humble TX		X					
	First City Bank, Humble TX	Personal Loan		X					
	Wright Patman Congressional Credit Union	Personal Loan	X						
	Chase Manhattan Bank	Personal Loan		X					
	Channelview Bank	Personal Loan					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE.		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Safari Club International	Jan. 22-23	(Airfare paid personally)	Y	Y	No	No
	Nat'l Assn of Broadcasters	Feb. 8-9	Houston-Naples,FL-Houston	Y	Y	No	No
	Nat'l Cable TV Assn	June 5-7	Houston-SanFrancisco-Houstn	Y	Y	Yes	No
	Univ. of TX Green Center, Dallas	Aug. 18-19	Houston-Dallas-Houston	Y	Y	No	No
	Oil and Gas Assn	Aug. 26-27	(Airfare paid personally)	Y	Y	No	No
	Far East Studies Institute - (Foreign Exchange Delegation)	Dec. 2-20	Houston-Tokyo-Beijing-HongKong-Bangkok-Houston	Y	Y	Yes	No

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	Rosewood Memorial Park, Inc.
Vice President	Rosewood Funeral Home, Inc.
Vice President	Rosewood Enterprises, Inc.
Vice President	Rosewood Memorial Park North, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A	N/A	N/A

Use additional sheets if more space is required

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 26 AM 10: 20

HAND DELIVERED

9

JACK FIELDS
2228 Rayburn Building 202-225-4901
Washington, D.C. 20515

Filer Status	[X] Member, Officer, or Employee	[ ] Candidate	
Report Type	[ ] Annual (May 15)	[XX] Amendment	[ ] Termination

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**		X
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Jack Fields

DATE (Month, Day, Year): 5-24-94

1165

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Rosewood Funeral Home, Inc.	Consulting Fees	$18,000.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C XYZ Magazine	Speech Article	Feb. 2, 1993 Aug. 13, 1993	$2,000 $500
Nat'l Cable TV Assn	Telecommunications Roundtable	June 6/93	$1500.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name JACK FIELDS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Rosewood Memorial Park, Inc. Stock								X		NONE						X										
	Rosewood Funeral Home, Inc. Stock								X		X												X				
	One-half unit in limited partnership with Equipment Investors, II					X								X									X				
	Rosewood Memorial Park North, Inc.							X			NONE						X										
	7711 Peacock, Humble, TX				X							X									X						

Examples: SP Mega Corp Stock; DC 123 Main St., Dover, Del.; JT 1st Bank of Peoria, IL accounts

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name JACK FIELDS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Wright Patman Congressional Credit Union		X										X					X									
	One unit limited partnership with Hughey Oil Co.-1982 LTD, Leon County Texas (formerly part of blind trust)			X							ROYALTY								X								
	One unit limited partnership with Hughey Oil Co.-Lacey Heirs, Leon County, Texas (formerly part of blind trust)			X							ROYALTY								X								
	Rosewood Enterprises, Inc.					X					NONE						X										S

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Name JACK FIELDS

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H OVER $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Rosewood Enterprises, Inc. Stock		X		2-24-93			X				

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Gibraltor Savings and Loan	Mortgage on 7711 Peacock, Humble TX		X					
	Channelview Bank	Personal Loan		X					
	Channelview Bank	Personal Loan					X		
	Wright Patman Congressional Credit Union	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Safari Club International	Jan. 22-23	(Airfare paid personally)	Y	Y	NO	NO
	Nat'l Assn of Broadcasters	Feb. 8-9	Houston-Naples,FL-Houston	Y	Y	NO	NO
	Nat'l Cable TV Assn	June 5-7	Houston-SanFrancisco-Houstn	Y	Y	Y	NO
	Univ. of TX Green Center,Dallas	Aug 18-19	Houston-Dallas-Houston	Y	Y	NO	NO
	Oil and Gas Assn	Aug. 26-27	(Airfare paid personally)	Y	Y	NO	NO
	Far East Studies Institute (USIA/Foreign Exchange delegation	Dec. 2-20	Houston-Tokyo-Beijing-HongKong-Bangkok-Houston	Y	Y	Y	NO

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Vice President	Rosewood Memorial Park, Inc.
Vice President	Rosewood Funeral Home, Inc.
Vice President	Rosewood Enterprises, Inc.
Vice President	Rosewood Memorial Park North, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
N/A	N/A	N/A

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

BOB FILNER
504 CANNON HOUSE OFFICE BLDG.
WASHINGTON, D.C. 20008 225-8045

(8)

Filer Status	☒	CA 50	☐	A *$200 penalty* shall be assessed against anyone who files more than 30 days late.
Report Type	☒	☐	☐	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☒	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☒
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☒	No ☐	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Bob Filner

DATE: May 13, 1994

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Name BOB FILNER | Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	CITY OF SAN DIEGO (pre-Congressional service)	SALARY	2,097
	DEMOCRATS 2000	SPOUSE SALARY	NA
	PROG. POP. EDUC. FUND	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name BOB FILNER

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	CIPSCO, INC. (COMMON STOCK)				X						X								X								
	CMA MONEY FUND (MERRILL LYNCH)			X							X								X								
	GREENWICH PROPS. (LIMITED PART.)			X									X	X			X										
	GUARDIAN MUTUAL FUND			X							X			X					X								
	KU ENERGY CORP. (COMMON STOCK)				X						X									X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction (P, S, E)
	ML CALIF MUNI BOND FUND			X							X			X						X							
	ML TECHNOLOGY VENTURES (LP)			X									X	X					X								
	NAT'L HEALTH INSUR. CO (TSA)			X									X						X								
	NUVEEN CA TAX-FREE FUND					X					X									X							
	NUVEEN TAX EXEMPT UNIT TRUST						X						X	X								X					
	NYCAL CORP. (CS)		X								X						X										
	OCTUS, INC (PREF. STOCK)			X							X							X									
	PANATECH R+D CORP. (CS)			X							X						X										
	PUBLIC EMPLOYEES RET. SYSTEM	(unable to determine)											X								X						
	SAN DIEGANS for BOB FILNER (LOAN)				X							(NA)					X										
	SF CALIF. BAY AREA RTD (BOND)	X											X					X									S
	TRAVELERS INSURANCE (TSA)				X								X							X							
	USE CREDIT UNION			X									X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name BOB FILNER

Page 5 of 8

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	BANK of AMERICA (CD)			X									X					X									
	BANK of AMERICA (CHECKING)			X									X					X									
	CONGRESSIONAL FCU			X									X					X									
	L.A. COUNTY SANIT. BONDS			X									X					X									P
	ML IRA (rollover from City of S.D. retirement)				X						X			X			X										
	SAN DIEGO COUNTY CTDS BONDS			X									X						X								P

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SCHEDULE IV — TRANSACTIONS

Name BOB FILNER Page 6 of 8

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	SF CALIF BAY AREA RTD BOND		X		6-20-93	X						
	LA COUNTY SANIT. BONDS	X			6-23-93	X						
	SAN DIEGO COUNTY CTFS BONDS	X			6-24-93	X						

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	SAN DIEGO NATIONAL BANK	PERSONAL LOAN				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	NA	

Use additional sheets if more space is required.

Name BOB FILNER | Page 8 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	ECONOMIC POLICY INST.	MAR. 4-6	WASH., D.C. — SAN DIEGO/ TIJUANA — WASH., D.C.	Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

(10)

Eric David Fingerhut
(Full Name)

1016 SOM Center Road
(Mailing Address)

Mayfield Hts., Ohio 44143

(Daytime Telephone)
(216) 446-9920

POSTMARK REQUIRE
MC
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ] No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature]

DATE (Month/Day/Year) 5/13/94

1182

Name	Page 2 of 8
Eric D. Fingerhut	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
			None

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page 3 of 8
Eric D. Fingerhut	

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Cleveland Society of Anesthesiologists	Speech	8-11-93	$1,000
National Council of Jewish Women	Speech	11-18-93	$ 25

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ERIC D. FINGERHUT
CONGRESSMAN - OHIO DISTRICT 19
1993 REPORT OF PAYMENTS IN LIEU OF
HONORARIA MADE TO CHARITY

Date	Name of Charity	Amount
8-11-93	Shoes for Kids	$1,000
11-18-93	Park Synagogue Youth Activities Fund	$ 25

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Eric D. Fingerhut

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Federal Credit Union			X									X														
	Ohio Public Employees Retirement Sys.																N/A										
	Ohio Public Employees Retirement Sys.																					X					

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Eric D. Fingerhut

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
			PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
SP, DC, JT	Asset												
	Example:	Mega Corporation Common Stock	X			10–12–93		X					
	None												

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Name Eric D. Fingerhut | Page 6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
		None							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	None	

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Manhattan Club - American Israeli Public Affairs Comm.	May 9	Cleve. OH - New York - Wash	N	Y	N	N
	Bureau of Wholesale Sales Representatives	May 23	Cleve - Atlanta - Wash DC	N	Y	N	N
	Birmingham Jewish Federation	June 14-15	Wash DC - Birmingham-WashDC	Y	Y	N	N
	Jewish Community Relations Council of Southern Arizona	Sept 12	Cleve - Tucson - Wash DC	N	Y	N	N
	American Israel Public Affairs Comm.	Sept 20-21	Cleve - Miami - Wash DC	Y	Y	N	N
	American Israel Public Affairs Committee	Oct 28-29	Wash DC - Nashville -Clev.	Y	Y	N	N
	United Jewish Appeal	Apr.17-18	Clev-San-Fran.-Clev.	Y	Y	N	N

*All trips were for the purpose of delivering keynote address to members of inviting organization.

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SCHEDULE VII - ADDENDUM

APRIL 18 - 19, 1993

Served as the keynote speaker for the Western Regional Conference of the Young Leadership Cabinet of the United Jewish Appeal, an organization of which I am a member. The topic of the speech was "HOW TO GET INVOLVED IN POLITICS". Left Cleveland late Saturday evening, April 18, returned immediately after keynote address on Sunday, April 19.

MAY 9, 1993

Addressed the Manhattan Club of the American Israel Public Affairs Committee on the subject of the Middle East Peace Process. As a member of the Foreign Affairs Committee, and as a result of all of the activity in the Middle East last year, the Manhattan Club and other organizations were particularly interested in my views. Left Cleveland Sunday, gave address in New York, and returned directly to Washington.

MAY 23, 1993

Attended convention of Bureau of Wholesale Sales Representatives at the request of 19th District constituents. Addressed lunch meeting on the subject of "The 103d Congress: The Freshman Class."

JUNE 14, 1993

Addressed two meetings of the Birmingham, Alabama Jewish Community Federation on the subject of the Middle East Peace Process. Left Washington Monday, p.m., returned to Washington early Tuesday, a.m.

SEPTEMBER 12, 1993

Addressed the Jewish Community Relations Council of Southern Arizona on the subject of the Middle East Peace Process. Left Cleveland Sunday, p.m., and returned to Washington immediately after the speech.

SEPTEMBER 20 - 21, 1993

Addressed two meetings of the American Israel Public Affairs Committee on the subject of the Middle East Peace Process. Left Cleveland in a.m. on Monday and returned to Washington Tuesday, September 21 in the a.m.

OCTOBER 28, 1993

Addressed meeting of the American Israel Public Affairs Committee on the subject of the Middle East Peace Process. Left Washington, Thursday p.m., returned to Cleveland, Friday a.m.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	None

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
		None

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

RECEIVED
OFFICE OF RECORDS & REGISTRATION
94 JUL 15 PM 2:41
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

Eric D. Fingerhut
1016 SOM Center Road
Mayfield Heights, Ohio 44143

JUL 12 1994

July 12, 1994

The Honorable Donnald D. Anderson
Office of the Clerk
The House of Representatives
1036 Longworth House Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

This letter is an addendum to my 1994 Financial Disclosure statement, originally filed on May 15, 1994. I understand it will become part of that statement.

Please amend the original filing as follows:

1. Under "Schedule III - Assets and 'Unearned' Income", "Block D - Amount of Income", the entry for Congressional Federal Credit Union should have an x in column I, $1 - $200.

2. Under "Schedule III - Assets and 'Unearned' Income", my Ohio Public Employees Retirement System (PERS) account has been listed twice. The reason for the double entry is that in May, 1994, I liquidated my account with PERS. The funds were subsequently deposited in the Congressional Federal Credit Union account.

I have enclosed two copies of this letter for the official filing, per instructions. If you have any further questions, please do not hesitate to contact me. Thank you for your help.

Sincerely,

ERIC D. FINGERHUT
Member of Congress

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Hamilton Fish, Jr.
(Full Name)

2354 Rayburn HOB, Washington DC 20515
(Mailing Address)

(202) 225-5441
Daytime Telephone

INSIDE MAIL
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State New York District 19	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ] No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ] No [X]

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SIGNATURE OF REPORTING INDIVIDUAL	DATE (Month/Day/Year)
Hamilton Fish Jr.	May 11, 1994

Name	Page 2 of 11
Hamilton Fish, Jr.	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	US House of Representatives	Salary	
	US Department of Commerce	Spouse Salary	
	Feed The Children	Spouse Salary	

For payments to charity in lieu of honoraria, use Schedule II.

Name Hamilton Fish, Jr. | Page 3 of 11

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U S Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year

	Asset and/or Income Source	Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction (P, S, E)
SP	Examples: Mega Corp Stock			X							X								X								P
DC	123 Main St., Dover, Del						X					X										X					
JT	1st Bank of Peoria, IL accounts				X								X							X							
	Knickerbocker Realty (Ltd. Part					X					X												X				
	Congressional FCU		X										X						X								
	Arvida/JMB Partners II, LP89			X									X				X										
	Arvida/ JMB Partners, LP87		X										X				X										
	ML Lee Acquisition Fund II, LP89		X								X		X						X								
	JMB Income Properties LTDXII, LP		X										X				X										

For additional assets and unearned income, use next page

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hamilton Fish, Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	ML Lee Aquisition Fund. LP87			X							X		X						X								
	ML CMA Money Funds				X						X								X								
	Genl Publ Utilities	X									X								X								S
	Entergy Corp			X							X								X								
	PSI Resources	X									X							X									S
	Nthn States Pwr Minn	X									X								X								S
	Teco Energy Inc	X									X							X									S
	Duke Power Corp	X									X								X								S
	Texaco Capital Corp			X									X						X								
	Anhe user Busch Cos Inc			X									X						X								
	General Electric Capital Notes			X									X						X								
	General Motors Accep CP			X									X						X								
	GTE Corporation			X									X						X								
	Dupont El DeNemours & Co.			X									X						X								
	Illinois Power Co			X							X								X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hamilton Fish Jr.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	UNEARNED TRUST	BLOCK D Amount of Income: None	I $201 - $1,000	II $1,001 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII $1,000,001 - $5,000,000	BLOCK E Transaction: P	S	E
	Niagra Mohawk Pwr			X						X							X									
	American Home Products				X					X							X									
	Mobil Corp Del				X					X								X								
	Florida Progress Corp	X								X							X								S	
	Goulds Pumps Inc					X				X							X									
	Jacobs Engn Grp Inc Dela	X													X										S	
	Medco Containment Svs	X								X						X									E (Tender)	
	Waste Management Inc	X								X						X									E	
	Wheelabratr Tech	X								X						X									P& S	
	WMX Technologies Inc.	X								X						X									E & S	
	Emerson Elec Co			X						X						X									P	
	Exxon Corporation				X					X							X								P	
	Nat Fuel Gas Co. NJ			X						X						X									P	
	American Tel & Tel				X										X										P	
	CMS Energy Corp			X						X						X									P	

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Hamilton Fish, Jr. | Page 6 of 11

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	ROYALTIES	RED TRT	BLOCK D Amount of Income: None	I $200 - $1,000	II $1,001 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII Over $1,000,000	BLOCK E Transaction: T	P
	Wisconsin Energy Corp			X							X							X								
S	Department of Commerce FCU			X									X					X								
S	Hudson City Savings Bank			X									X					X								
S	Key Bank, NA			X									X				X									
S	First Union IRA			X									X					X								
S	US Savings Bond				X											X										
S	House, Barn, Rental House 100 Acres, Livingston, NY									X		X									X					
S	Alliance IRA			X									X						X							
S	Alliance Government Reserves				X								X						X							
S	WSW Agressive Growth IRA			X							X								X							P
S	WSW Agressive Growth				X						X									X						P
S	WSW Agressive Growth(reinvested)			X							X								X							

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SCHEDULE IV — TRANSACTIONS

Name Hamilton Fish, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	PSI Resources		X		2-2-93	X						
	Teco Energy Inc		X		2-2-93	X						
	WMX Technologies Inc			X	5-21-93	X						
	Waste Management Inc			X	5-21-93	X						
	Duke Power Co		X		7-29-93	X						
	Emerson Elec Co	X			7-29-93	X						
	Exxon Corporation	X			7-29-93		X					
	Florida Progress Corp		X		7-29-93	X						
	Nthn States Pwr Min		X		7-29-93	X						
	Wheelabratr Tech		X		7-30-93	X						
	American Tel & Tel	X			10-15-93		X					
	CMS Energy Corp	X			10-15-93	X						
	Gnl Publ Utilities		X		10-15-93	X						
	Jacob Engn Grp Inc Dela		X		10-15-93	X						
	WMX Technologies		X		10-15-93	X						
	Medco Containment			X (Tender)	11-30-93		X					

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SCHEDULE IV — TRANSACTIONS

Name Hamilton Fish, Jr.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	Wheelabratr Tech	X(div)			1-15-93	X						
S	WSW Agressive Growth IRA	X			10-13-93	X						
S	WSW Agressive Growth	X			10-13-93		X					

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1200

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
S	Key Bank, NA	Mortgage on Rental House Livingston, NY		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Aspen Institute	1/8-1/17	Wash., DC - Jamaica - Wash., DC	Y	Y	Y	3 days
	Congressional Institute Princeton Conference	2/25-2/27	Wash., DC - Princeton, NJ - Wash., DC	Y	Y	Y	N
	Aspen Institute	8/21-9/4	Wash., DC - Warsaw. Poland - Wash., DC	Y	Y	Y	9 days

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Alice Desmond and Hamilton Fish Library
Limited Partnership	Knickerbocker Realty
Director	Board of the NYS Martin Luther King Institute for Non-Violence
Trustee(Spouse)	Friends of Clermont, Inc.
Director(Spouse)	Washington Performing Arts Society, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75 884 (rev.)

Use additional sheets if more space is required.

HAMILTON FISH, JR.
19TH DISTRICT, NEW YORK
2394 RAYBURN BUILDING
WASHINGTON, DC 20515-3219
PHONE (202) 225-6461

DISTRICT OFFICES
OSSINING OFFICE
2 CHURCH STREET
OSSINING, NY 10562
PHONE (914) 762-7581
WAPPINGERS FALLS OFFICE
1440 ROUTE 9
WAPPINGERS FALLS, NY 12590
PHONE (914) 297-5711
CARMEL OFFICE
1 VINE DRIVE
CARMEL, NY 10512
PHONE (914) 225-5200

Congress of the United States
House of Representatives
Washington, DC 20515-3219

JUDICIARY COMMITTEE
VICE CHAIRMAN
SUBCOMMITTEE ON ECONOMIC AND COMMERCIAL LAW
SUBCOMMITTEE ON INTELLECTUAL PROPERTY AND JUDICIAL ADMINISTRATION
COMMISSION ON SECURITY AND COOPERATION IN EUROPE
ENVIRONMENTAL AND ENERGY STUDY CONFERENCE
CONGRESSIONAL ARTS CAUCUS
NORTHEAST-MIDWEST CONGRESSIONAL COALITION
BOARD OF VISITORS
U.S. MILITARY ACADEMY
CONGRESSIONAL HUMAN RIGHTS CAUCUS

RECEIVED
OFFICE OF RECORDS AND REGISTRATION
1994 MAY 18 AM 8 26
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

May 17, 1994

The Honorable Donnald K. Anderson
Clerk of the House
Office Of Records And Registration
1036 Longworth Office Building
Washington, D.C. 20515

Dear Mr. Anderson:

I have discovered that I have omitted a transaction that should be included in my 1993 Federal Financial Disclosure.

Under Schedule IV, the following item should be included:

Asset	Type	Date	Amount
Nat Fuel Gas Co NJ	Purchase	7/29/93	B

This asset is already listed under Schedule III.

Please consider this letter to be an amendment to my Disclosure.

Sincerely,

Hamilton Fish, Jr.
Member of Congress

HF:gaw

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Thomas M. Foglietta

Hopkinson House, Apt. 3003, 6th & Washington Square (215) 925-6840
Philadelphia, PA 19106

INSIDE MAIL (8)

Filer Status	[X] Member of the House of Representatives — State PA, District 1	[ ] Officer or Employee — Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**		X
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	X	
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**		X
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas M. Foglietta

DATE (Month/Day/Year): May 11TH, 1994

1205

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Philadelphia	Pension	10457.

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Thomas M. Foglietta

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP/DC/JT	Asset and/or Income Source	A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 - $200	III $201 - $1,000	IV $1,001 - $2,500	V $2,501 - $5,000	VI $5,001 - $15,000	VII $15,001 - $50,000	VIII $50,001 - $100,000	IX $100,001 - $1,000,000	Over $1,000,000	P, S, E
Examples																											
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St. Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Smith Barney Shearson (Stock Portfolio)	X									X								X								
	Sales of Security-Capital Gains																										
	350 Sh. Philip Morris Co., Inc.	X												X			X										S
	Raymond James, Personal Savings																										
	Accounts on Deposit - No Income			X													X										
	IRA - Continental Bank			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Thomas M. Foglietta

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	Raymond James (IRA rolled over from Continental Bank)			X							X								X								
	Raymond James Account 150 Sh. Freeport McMoran Resource			X										X			X										
	Gross Rental Income - 721 Fitzwater Street, Philadelphia, PA						X					X										X					
	Gross Rental Income - 480 W. Shore Dr. Brigantine, NJ						X					X					X										S
	Gross Rental Income 708 Clymer St., Philadelphia, PA					X						X										X					
	2 Ground Lots - Kidder Township, Lake Harmony, PA						X							X			X										
	210 Associates., Real Estate Partnership (Property Address - 210 N 13th St., Phila., PA)						X							X			X										

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SCHEDULE IV — TRANSACTIONS

Name Thomas M. Foglietta

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.			Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset		PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example	Mega Corporation Common Stock	X			10–12–93		X					
	Philip Morris Cos., Inc.			X		5-21-93		X					
	Investment Real Estate, 480 W. Shore Drive, Brigantine, NJ			X		8-11-93				X			

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Name	Page
Thomas M. Foglietta	6 of 8

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Continental Bank	Mortgage on 721 Fitzwater St., Phila., PA - Rental Property				X			
	Smith Barney Shearson	Stock Margin Account		X					
	Jefferson Bank	Personal Loan		X					
	Continental Bank	Mortgage on 480 W. Shore Dr., Brigantine, NJ				X			
	Continental Bank	Personal Loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name Thomas M. Foglietta	Page 7 of 8

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25-26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	210 Associates (Investment Property - 210 N. 13th St., Phila., PA)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 4:35
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(12)

THOMAS S. FOLEY

1201 Longworth House Office Building 225-5604

Washington, D.C. 20515

Filer Status	[X]	Washington Fifth [ ]	
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[ ]	[X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[ ]	[X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Thomas S. Foley

DATE (Month, Day, Year): May 13, 1994

1213

Name	THOMAS S. FOLEY, M.C.	Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
THOMAS S. FOLEY, M.C.	1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Campbell-Raupe	Speech	Oct. 20, 1993	$2,000.00

This page may be copied if more space is required.

Name THOMAS S. FOLEY, M.C. | Page 1 of 2

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	U.S. Bank checking/savings			X									X						X								
	Trust of Helen M. Foley ½ (See attached sheet)							X					X									X					
	Snapple Bev. Corp.	X												X						X							S
	Compuware Corp.	X												X					X								S
	Wellpoint Health Networks Inc.	X												X						X							P/S
	Gupta Corp.	X												X							X						P/S

For additional assets and unearned income, use next page.

Ethics In Government Act-Financial Disclosure Statement for 1993

Thomas S. Foley
1201 Longworth House Office Building
Washington, D.C. 20515

SCHEDULE III - ASSETS AND "UNEARNED" INCOME

* This is the value of the Trust after all of the bequests of my mother's will were fulfilled. I am entitled pursuant to the Trust to receive one-half of the income from the trust until I die; at which time the trust will be distributed according to the wishes of my mother's will. Accordingly, I have only listed one-half of the Trust.

One-Half of the Assets of the Helen M. Foley Trust

9 shares of Farmers Union Grain Co.	C
115 shares of Bell Atlantic	B
123 shares of NYNEX	B
170.5 shares of American Telephone & Telegraph Co.	B
1/2 share of Central	A
1/10 int. in C.P. Higgins, a joint venture	D
37.5 units in Higgins & Assoc., a Washington general partnership	D
Cash, Washington Trust Bank	D
Cash, Seattle First	C

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name THOMAS S. FOLEY, M.C.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Cryolife Inc.	x															x										P/S
	Avid Technology Inc.	x												x						x							P/S
	NFO Resh Inc.	x												x					x								P/S
	Supertex Inc.	x												x						x							S
	CDW Computer Ctrs. Inc.	x												x						x							P/S
	Sunglass Hut Intl. Inc.	x												x					x								P/S
	Nocopi Technologies Inc.	x															x										P/S
	Supertex Inc.	x												x				x									S
	Supertex Inc.	x												x				x									S
	State Street Bank & Trust	x									x							x									S
	State Street Bank & Trust	x											x					x									S
	Wright Patman Fed. Credit Union (IRA)			x							x								x								
	Fed. Retirement Thrift Inv. Board					x							x								x						
	Federated Auto Govt Money Trust	x											x							x							P/S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name THOMAS S. FOLEY, M.C.

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Snapple Beverage		X		1-4-93	X						
	Compuware Corp.		X		1-4-93	X						
	Welpoint Health Networks, Inc.	X	X		1-27-93 P 1-28-93 S		X					
	Gupta Corp.	X	X		2-4-93 P 2-8-93 S	X						
	Cryolife Inc.	X	X		2-11-93 P 3-10-93 S	X						
	Avid Technology, Inc.	X	X		3-11-93 P 3-12-93 S	X						
	NFO Resh Inc.	X	X		4-8-93 P 4-8-93 S		X					
	Supertex Inc.		X		5-24-93	X						
	CDW Computer Ctrs. Inc.	X	X		5-27-93 P 5-27-93 S	X						
	Sunglass Hut Intl. Inc.	X	X		6-8-93 P 6-9-93 S	X						
	Nocopi Technologies Inc.	X			5-14-93 5-18-93 6-3-93		X					
	Nocopi Technologies Inc.		X		10-5-93	X						
	Supertex Inc.		X		10-5-93	X						
	Supertex Inc.		X		10-8-93	X						
	Federated Auto Govt. Money Trust	X			1/12/93 1/26/93	X X						
	Federated Auto Govt. Money Trust	X			2/10/93 2/17/93		X X					
	Federated Auto Govt. Money Trust	X			3/18/93 3/22/93	X X						

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SCHEDULE IV — TRANSACTIONS

Name THOMAS S. FOLEY, M.C.

					(MO/DAY/YR)							
					10-1-93		X					
	Federated Auto Govt. Money Trust	x			4/19/93 6/2/93	x						
	Federated Auto Govt. Money Trust	x			6/7/93 6/17/93	x x						
	Federated Auto Govt. Money Trust	x x			10/14/93 10/19/93	x x						
	Federated Auto Govt. Money Trust		x x		2/4/93 2/11/93	x	x					
	Federated Auto Govt. Money Trust		x x		2/12/93 2/22/93	x x						
	Federated Auto Govt. Money Trust		x x		3/19/93 5/24/93	x x						
	Federated Auto Govt. Money Trust		x x		5/26/93 6/11/93	x x						
	Federated Auto Govt. Money Trust		x x		6/16/93 7/14/93	x						
	Federated Auto Govt. Money Trust		x x		9/23/93 10/22/93	x	x					

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Name THOMAS S. FOLEY, M.C. | Page 1 of 1

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				x			
JT	Citibank Visa	Credit Card		x					
JT	Wright Patman Fed. Credit Union	Personal loan	x						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

Name THOMAS S. FOLEY | Page 1 of 1

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AFL-CIO	Feb.14-15	Wash., D.C.-Miami-D.C.	Y	Y	N	N
	Associated Press	Ap. 25-26	Wash.,D.C.-Boston-D.C.	Y	Y	N	N

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Name THOMAS S. FOLEY, M.C.	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	See Attached Sheet

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

OPM 1994 SUPERSEDES

Use additional sheets if more space is required.

ETHICS IN GOVERNMENT ACT-FINANCIAL STATEMENT FOR 1993

Thomas S. Foley
1201 Longworth Building
Washington, D.C. 20515

Member of U.S. House of Representatives District 5, State of WA

VIII. POSITIONS

POSITION	NAME OF ORGANIZATION
Member, Congressional Advisory Council	Henry M. Jackson Foundation
Member, Board of Overseers	Whitman College
Member	Yale University Council - Comm. on Social Science - Policy
Member, Board of Directors	The Wolf Trap Foundation
Board of Advisors	Center for Strategic & International Studies
Member	WSU Foundation
Member, Advisory Council	American Ditchley Foundation
Cong. Rep., Executive Committee	Democratic National Committee
Member	Council on Foreign Relations
Member, Advisory Board	Arena Stage
Member, Board of Directors	Bicycle Federation of America
Member	Trilateral Commission
Member, Board of Director	College of Virgin Islands
Commissioner	Japan United States Friendship Commission
Member, Board of Advisors	The Mansfield Foundation
Member, Advisory Committee	Center for Elected Politicians
	John F. Kennedy School of Government, Harvard University
Member, Congressional Advisory Board	Udall Center
Honorary Member	Rural Sociological Society

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 JUN -1 PM 1:27

HAND DELIVERED (Office Use Only) 43

Harold E. Ford
(Full Name)

2733 Unicorn Lane, NW Washington, DC 20015 (202) 225-3265
(Mailing Address) Daytime Telephone

Filer Status	[X] Member of the U.S. House of Representatives	State Tennessee Distrct 9th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [X] No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ] No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [ ] No [X]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Harold E. Ford

DATE (Month/Day/Year): 5-31-94

Name Harold E. Ford	Page 2 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Department of Agricultural	Spouse Salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name Harold E. Ford

Page 3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization **in lieu of an honorarium.** A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official **Conduct.** An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Event /date:	Association of American Associations, Wash , D C	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500

This page may be copied if more space is required.

Name Harold E. Ford

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	51% of NJ Ford & Sons Funeral Home, Inc. Memphis, TN							X									X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Harold E. Ford

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income						BLOCK D Amount of Income									BLOCK E Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E

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Name Harold E. Ford

Page 6 of 9

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Video Jukebox Network,Inc.	X			9/8/93		X					
	Video Jukebox Network,Inc.		X		9/21/93			X				

This page may be copied if more space is required.

Name Harold E. Ford

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H Over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	United American Bank	Personal (Paid off in 1993)		X					
	Charlie Riggins	Personal (Paid off $10,000)		X					
	Wright Patman Congressional Credit	Personal	X						
	Reginal Dunn	Personal (Paid off in 1993)	X						
	TN Bank & Trust	Personal	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
See Attachment	Harold Ford Legal Defense Fund	

Use additional sheets if more space is required.

Name	Harold E. Ford	Page 8 of 9

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days

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Name	Harold E. Ford	Page 9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board of Directors	YMCA - Memphis, TN
Advisory Boards	Mid- South Fair, Memphis, TN

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

(SRO) 1994 75-884 (max)

Use additional sheets if more space is required.

United States House of Representatives
Financial Disclosure Statement for
Calendar Year 1993

Attachment to Schedule VI

Legal Defense Fund
Inkind Gifts:

Al Cossett - Memphis, TN	Car 2 months @ $450	$ 900
	Car 4 months @ $450	1,800
	Car 6 months @ $450	2,700
	Food	2,000
	Total	$7,400

CONTRIBUTIONS TO HAROLD FORD LEGAL DEFENSE FUND
JANUARY 1993 THROUGH DECEMBER 1993

DEPOSIT OF 26 JANUARY 1993

D.C. Chartered Health Plan 820 First St., NE Washington, DC 20002	$4,800.00

DEPOSIT OF 01 FEBRUARY 1993

Paul F. Engler P.O. Box 3050 Amarillo, TX 79116-3050	5,000.00

DEPOSIT OF 08 FEBRUARY 1993

The Marshall Johnson Agency 810 Washington Ave., Suite 211 Memphis, TN 38105-4536	500.00
Committee to Elect W.W. Herenton, Mayor P. O. Box 263 Memphis, TN 38101	1,000.00

CASH DEPOSIT OF 09 FEBRUARY 1993

Sylvester Tysler (cash) 919 North Third Memphis, TN 38107.	100.00
Darius Perkins 2748 Browning Ave. Memphis, TN 38114	20.00

DEPOSIT OF 11 FEBRUARY 1993

Sparks Financial P. O. Box 17339 Memphis, TN 38187-0339	2,500.00
Callie V. Terrell 357 W. Fields Ave. Memphis, TN 38109	50.00
Eddie Harris 282 Ayers Apt. 304 Memphis, TN 38107	3.00
Dr. Beverly J. Williams-Cleaves 3601 Graves Rd. Memphis, TN 38116	200.00

DEPOSIT OF 18 FEBRUARY 1993

Darius Perkins 2748 Browning Ave. Memphis, TN 38114	20.00
Gloria Brodie 3049 Carnes Memphis, TN 38111	50.00

DEPOSIT OF 23 FEBRUARY 1993

Jones Communications 1177 Madison Ave., Ste. 402 Memphis, TN 38104	100.00
Thelma Harper (Cashier's Check - no address on it)	100.00
Neal Reddick Maury City, TN.	100.00
Malcolm L. Wallace 4757 Blackinson Cv. Memphis, TN 38109	100.00
Rev. Arthur James Williams 586 Walnut Memphis, TN 38126	20.00

DEPOSIT OF FEBRUARY 1993

Eugene Thomas 1375 Eloise Rd. Memphis, TN 38106	100.00
Paula D. Grace 481 Byron Memphis, TN 38109	25.00

DEPOSIT OF 23 FEBRUARY 1993

Wharton & Wharton 147 Jefferson St., Ste. 1205 Memphis, TN 38103	1,000.00

DEPOSIT OF 24 FEBRUARY 1993

Lloyd K. White Comfort Coin-Operated Laundry 4430 Winchester Rd. Memphis, TN 38119	100.00

Alice G. Lipscomb 100.00
Summerfield Missionary Baptist Church
1383 Boxwood
Memphis, TN 38106

DEPOSIT OF 24 FEBRUARY 1993

Sandra Clark 25.00
Fingers & Toes
5575 Poplar Ave., Ste. 208
Memphis, TN 38119

Elton S. Rubin 30.00
187 Charter Rd.
Memphis, TN 38109

Essie L. Patton 10.00
2202 Oxford Sq. Ct.
Memphis, TN 38116

Dorothy L. Adams 20.00
1264 Brown
Memphis, TN 38107

Jacqueline R. Webb 5.00
5069 Horn Lake Rd.
Memphis, TN 38109

Deborah Sykes 20.00
4971 Lake Villa Cove
Memphis, TN 38125

Arthur Perry, III. 5.00
1366 Breamhaven Cv.
Memphis, TN 38109

Curtis E. Lopez 10.00
1471 Baggett Dr.
Memphis, TN 38127

Mary A. Black 5.00
3088 Claudette Rd.
Memphis, TN 38118

Alvin Kent 10.00
4805 Covington Pike Rd.
Bartlett, TN 38135

Ms. Crystal L. Branch 25.00
4617 Cimmaron
Memphis, TN 38109

Jeanette J. Gray 1041 Mosby Rd. Memphis, TN 38116	20.00
Minnie P. Myles 162 Temple Ave. Memphis, TN 38105	15.00
Andrew L. Crockett 843 Pitney Ln. Memphis, TN 38127	30.00
Cynthia Patterson 3653 Winchester Rd. Memphis, TN 38118	15.00
Janice M. Dodson 5420 Marino Cove Memphis, TN 38115	10.00
Matthew R. Davis 1107 Argyle Memphis, TN 38107	25.00
Arthur Perry, III. 1366 Breamhaven Cv. Memphis, TN 38109	2.00
Stella L. Hollis 5915 Park Ave. Memphis, TN 38119	5.00
Ms. Raheema Abdullah 4537 Melwood Memphis, TN 38109-5226	15.00

DEPOSIT OF 3 MARCH 1993

Beulah Totten Ashby PO Box 11 Red Banks, MS 38661	20.00
Edmond L. Lindsey PO Box 30683 Memphis, TN 38130-0683	25.00
Rebecca Johnson Keys 1367 Ridgeway St. Memphis, TN 38106	110.00
Arzell Gooden 746 N. Watkins	10.00

Memphis, TN 38107-4449	
Mary Jo Rodgers 477 Dixie Rd. Memphis, TN 38109	5.00
Rosetta Scott 2408 Drake Cv. Memphis, TN 38106	10.00
Kathryn P. Streeter 5108 Atkins Dr. Memphis, TN 38109	20.00
Randolph Streeter 5108 Atkins Memphis, TN 38109	15.00
Debra P. MClore 3974 Hermitage Dr. Memphis, TN 38116	5.00
Gina M. Stewart 6135 Knightsbridge Dr. Memphis, TN 38115	10.00
Rubin Campbell 377 Whiteville St. Memphis, TN 38109	25.00
Felicia Spense Cleaves 2885 Dumbarton Oaks Dr. Memphis, TN 38127	20.00
Bernice Williams 1105 Western Park Dr. Memphis, TN 38109	10.00
Felita Billingsley 379 Washburn Cv. Memphis, TN 38109	5.00
James Edward Owens 1450 Bonnie Dr. Memphis, TN 38116	25.00
Frances W. Mayhue New Allen AME Church 1559 S. Third Memphis, TN 38106	154.60
Elouise Wilson	623.53

Friendship Baptist Church
1355 Vollentine
Memphis, TN 38107-2854

Betty J. Phillips 100.00
Sigma Gamma Rho Sorority

E. S. Berkley 500.00
Greater White Stone Missionary Baptist Church
917 S. Wellington
Memphis, TN 38126

Walter Lee Sims 50.00
Calvary Longview United Methodist Church
2041 S. Lauderdale
Memphis, TN 38106

Andrew House 359.00
Mt. Pisgah Missionary Baptist Church
3636 Weaver Rd.
Memphis, TN 38109

Katerean Harber 35.00
Carey Chapel Church
Rt. 1, Box 4039
Burilson, TN 38015

Sandra Chillis 25.00
Fingers & Toes
5575 Poplar Ave., Ste. 208
Memphis, TN 38119

DEPOSIT OF 5 MARCH 1993

J. N. Harvey 25.00
1547 Gold Ave.
Memphis, TN 38106

M. A. Ervin 100.00
7572 Glenn Abbey Pl.
Jacksonville, FL 32256

DEPOSIT OF 12 MARCH 1993

Yvonne B. Acey 15.00
5340 Norma Dr.
Memphis, TN 38109

Rev. James Odis Pope, Sr. 5.00
823 Woodland
Memphis, TN 38106

Aaron Bradley 30.00
248 N. Yates
Memphis, TN 38120

Harrell C. Carter 50.00
73 Liddon St.
Jackson, TN 38301 (check returned)

DEPOSIT OF 15 MARCH 1993

Rev. James Hailey 100.00
Greater Kerr Baptist Church
678 Bethel
Memphis, TN 38107

Barbara J. Fant 100.00
1966 Elkmont Rd.
Memphis, TN 38116

Sybille S. Noble 100.00
3679 High Point Dr.
Memphis, TN 38122

John W. Taylor 500.00
First Baptist Church
PO Box 12792
Memphis, TN 38182

Nolan Turner 104.04
Greater Pleasant Hill Missionary Baptist Church
547 Malcomb
Memphis, TN 38112

Linda Rutherford 10.00
5363 Meadowlake Dr. N. #3
Memphis, TN 38115

Wilma Cole 5.00
4323 Doubletree
Memphis, TN 38109

Elmo Smoot 25.00
8033 Oak Grove Rd.
Hernando, MS 38632

Angela Y. Walker 15.00
1016 N. Willett St
Memphis, TN 38107

Ricky Gillard 10.00
Chris & Dee's Gift Baskets
PO Box 9182

Memphis, TN 38109	
John C. Bradshaw 4386 Carey Dr. Memphis, TN 38109	15.00
Cherry Streeter Bradshaw 4386 Carey Dr. Memphis, TN 38109	25.00
Will Earnest Redmond 1049 Greenlaw Memphis, TN 38105-2410	50.00
Crystal L. Branch 4617 Cimmaron Memphis, TN 38109	10.00
Darryl Winrow 5669 Jardin Pl. Memphis, TN 38141	10.00
Lee Thomas 3345 Rolling Ridge, Apt. 2 Memphis, TN 38115	30.00
Gwendolyn J. Sneed 6003 Pebble Beach Memphis, TN 38115	25.00
Walter R. Gibson 5015 Ravensworth Dr. Memphis, TN 38109	25.00
Frances D. Lopez 1471 Baggett Dr. Memphis, TN 38127	10.00
Callie M. Branch 4617 Cimmaron Memphis, TN 38109	20.00
Rev. Alfred DeWayne, III. 491 E. McLemore Ave. Memphis, TN 38106	200.00
Rickey B. Harvey 4300 Winterpark Dr. Memphis, TN 38141	20.00
Leah R. Cornelius 2156 Berkeley Ave.	10.00

Memphis, TN 38108-3031	
Rev. Arthur James Williams 586 Walnut Memphis, TN 38126	10.00
Rev. J. O. Pope, Sr. True Life Missionary Baptist Church 67 E. Raines Rd. Memphis, TN 38109	150.00
Golden Harvest Baptist Church 463 Alston Ave., E. Memphis, TN 38126	100.00
Philip R. Dotsen Greater Imani Baptist Church 294 Hernando Memphis, TN 38126	1,000.00
June M. Dentley 3547 Acacia St. Memphis, TN 38116	20.00
Minerva Little 1897 Deen Ave. Memphis, TN 38116	50.00
Dr. Talib-Karim Muhammad 2100 Airways Memphis, TN 38114	100.00
Berean Missionary Baptist Church 1219 Finley Memphis, TN 381116	200.00
Veniece L. Starks 1304 N. Parkway Memphis, TN 38104	25.00
Anniece Robinson 5233 Jordan Dr. Memphis, TN 38116	25.00
Ms. Henri E. Brooks 1269 S. Parkway E. Memphis, TN 38106	10.00
Drucilla Owens 3935 N. Tezevant Memphis, TN 38127	100.00

81-662 O—94——40

James Cecil Hooker 797 N. Evergreen Memphis, TN 38107	25.00
Aileen N. Branch 2322 LaRose Memphis, TN 38114	10.00
L. Annette Bland 2144 Albany Dr. Memphis, TN 38108-3011	15.00
Shari L. Taylor 3789 Masonwood Lane Memphis, TN 38116	10.00
Loretta G. Griffin 4512 Whiteside St. Memphis, TN 38109	10.00
Fred O. Dorse 3268 N. Waynoka Dr. Memphis, TN 38111	25.00
Mildred Scott Williams 899 N. Avalon Memphis, TN 38107	100.00
Anthony Isabel 1764 Third Green Memphis, TN 38116	50.00
Marcia L. Garner 2221 Clayton Ave. Memphis, TN 38108	10.00
Cedric L. Peters 3879 Lucky Trail Dr. Memphis, TN 38128	5.00
Aaron Bradley 248 N. Yates Memphis, TN 38120	10.00
J. M. Redmond 5238 Scottsdale Memphis, TN 38118	20.00
Sandra Chillis Fingers & Toes 5575 Poplar Ave., Ste. 208 Memphis, TN 38119	25.00

Vickie H. Griffin PO Box 18219 Memphis, TN 38181	10.00
Josephine Holmes 1269 Pidgeon Perch Ln. Memphis, TN 38116	20.00
Deborah Hardy Grigsby 2538 School Ave. Memphis, TN 38112	20.00

DEPOSIT OF 17 MARCH 1993

Laura Hooks 255 N. Lauderdale, Apt. 1111 Memphis, TN 38105	25.00
Eugene E. Pettis P.O. Box 07167 Detroit, MI 48207	500.00
Rickie J. John New Galilee Missionary Baptist Church 3434 Rochester Memphis, TN 38109	100.00
Rev. Gregory C. Stokes Greater Paradise Baptist Church PO Box 9488 Memphis, TN 38109	125.00
Georgia M. Clark Williams Temple Church of God in Christ 508 Boston St. Memphis, TN 38101	100.00
Jessie C. Jackson, Sr. Lake Grove Missionary Baptist Church 4941 Weaver Rd. Memphis, TN 38109	100.00
Sheila Bledsoe Wms. 1280 E. Mallory Memphis, TN 38106	10.00
Bobbie Kent 4805 Covington Pike Rd. Bartlett, TN 38135	25.00
Dr. Talib-Karim Muhammad 2100 Airways	100.00

Memphis, TN 38114

DEPOSIT OF 24 MARCH 1993

Ruth Odell 284 Shofner Memphis, TN 38109	50.00
Lula M. McLaughlin 428 Peabody St. NE Washington, DC 20011	25.00
Jerry L. Taylor 115 W. Lee St. Baltimore, MD 21201	25.00
Norma J. Martin 4723 13th Pl. NE Washington, DC 20017	25.00
Hill Capital Church no address	100.00

DEPOSIT OF 25 MARCH 1993

James H. Bates New Gilfield Baptist Church 608 Giles Rd. Memphis, TN 38109	100.00
Columbus Willson Shiloh Missionary Baptist Church 207 W. Utah Ave. Memphis, Tn 38106	245.00
Bobbie Kent 4805 Covington Pike Rd. Bartlett, TN 38135	20.00
Charlie F. Morris, Sr. 981 Alaska St. Memphis, TN 38107	20.00
Floyd Rogers 981 N. McLean Blvd. Memphis, TN 38107-3106	10.00
Sheila Bledsoe Wms. 1280 E. Mallory Memphis, TN 38106	10.00
Matthew R. Davis	10.00

1107 Argyle
Memphis, TN 38107

Dr. Talib-Karim Muhammad 100.00
2100 Airways
Memphis, TN 38114

Laura L. Ephriam 34.32
Warren United Methodist Church
65 W. Fields Ave.
Memphis, TN 38109

Barbara P. Bolton 100.00
Hill Chapel M.B. Church
2521 Dexter
Memphis, TN 38108

DEPOSIT OF 29 MARCH 1993

D.C. Chartered Health Plan 1,000.00
Robert C. Charles, Jr.
820 First St. NE
Washington, DC 20002

Charles E. Jones, Jr. 25.00
2817 Birchfield Dr. Box 8242
Memphis, TN 38108

DEPOSIT OF 31 MARCH 1993

Lee A. Mullen 50.00
522 E. McKellar
Memphis, TN 38106

Bobbie Kent 25.00
4805 Covington Pike Rd.
Bartlett, TN 38135

Georgia M. Clark 75.00
Williams Temple Church of God in Christ
508 Boston St.
Memphis, TN 38101

Louise R. Saulsberry 20.00
5019 Jonetta St.
Memphis, TN 38109

Yvonne Moody 10.00
5387 Marina Cv. #4
Memphis, TN 38115

Charlie F. Morris, Sr. 10.00

981 Alaska St.
Memphis, TN 38107

DEPOSIT OF 2 APRIL 1993

Ray Maples 3603 Chester Ln. Memphis, TN 38119	450.00

DEPOSIT OF 5 APRIL 1993

Marilyn Robinson 444 Rural Hill Rd. Nashville, TN 37217-4053	50.00
Charles B. Hess 1676 S. Parkway E. Memphis, TN 38106	25.00
Samuel Maxwell Moore's Memorial Church of God in Christ 860 Speed St. Memphis, TN 38107	125.00
Neady E. Masters 1250 E. Mallory Memphis, TN 38106	20.00
Billy Hyman 4288 Woodcrest Memphis, TN 38111	1,000.00

DEPOSIT OF 14 APRIL 1993

Rev. J. L. King PO Box 1550 Memphis, TN 38101	500.00
Dr. John H. Robinson 3225 Scotland Memphis, TN 38128	10.00
Charlie F. Morris, Sr. 981 Alaska St. Memphis, TN 38107	10.00
Matthew R. Davis 1107 Argyle Memphis, TN 38107	10.00
Pearl Crawford 1087 Court 834C	25.00

Memphis, TN

Raymond S. Clift 965 Ridge Lake Blvd. Ste. 100 Memphis, TN 38120	500.00
Bruce V. White, Jr. 1096 Quail Run Ln. Memphis, TN 38109	100.00
Luther McKinney Greater Open Door Baptist Church 1537 Florida Memphis, TN 38109	200.00
Lawrence D. Seymour 1325 Eastmoreland, Ste. 435 Memphis, TN 38104	350.00
Howard R. Richardson 1814 Fairmeade Ave. Memphis, TN 38114	200.00
Elton Cummings Memphis Area Minority Contractors Assn. 2302 Dwight Memphis, TN 38114	750.00
Robert B. Owens Bricks, Inc. 2302 Dwight Rd. Memphis, TN 38114	200.00
William L. Moss M & H Heating & Air Cond. 3254 Hwy 61 S. Memphis, TN 38109	200.00
Rose Ann Owens 1557 Joanne St. Memphis, TN 38111	100.00
Lorelia D. Williams 479 Shofner Memphis, TN 38109	10.00
Mary P. Daniels 2429 Perry Memphis, TN 38106	15.00
Lillie M. James Woods 1049 N. McLean	5.00

Memphis, TN 38107	
Erma J. Perkins Greenwood AME Church 8017 Donnell Rd. Millington, TN 38053	153.50
Thomas C. Bolton 9645 Deadfall Rd. Brighton, TN 38011	10.00
Kirk W. Ridley, Sr. 4994 Jolly Dr. Memphis, TN 38109	10.00
Willean F. Tyler 1573 Marianna Memphis, TN 38114	10.00
Mrs. H. R. Jackson 1443 S. Parkway E. Memphis, TN 38106	10.00
Rev. Clarence Greer, Jr. 885 East Dr. Memphis, TN 38108	20.00
North Memphis District Office AME Church 280 Hernando Memphis, TN 38126	25.00
Roxie Williamson Mt. Pisgah Methodist Church 4393 Pleasant Ridge Rd. Millington, TN 38053	15.00
Katerean Harber Carey Chapel Church Rt. 1, Box 4039 Burilson, TN 38015	20.00
Debra J. Bell Mt. Olive AME Church 8803 Wells Rd. Millington, TN 38053	69.00
Rev. E. Holmes Matthews, Jr. 170 Star Blvd. Madison, TN 37115	20.00
Alice J.B. Harris	500.00

Ward Chapel AME Church 1125 S. Parkway E. Memphis, TN 38106	
Jack J. Comperuos Providence AME Church 384 N. Decatur St. Memphis, TN 38105	125.00
AME Ministeral Alliance 2052 Nellie Memphis, TN 38116	751.67
Pearl Crawford 1081 Court 834C Memphis, TN	25.00
Vernon R. Byrd 1002 Kirkwood Ave. Nashville, TN 37204	100.00
Frank Garrett New Tyler AME Church 568 Carpenter Memphis, TN 38112	116.30

DEPOSIT OF 16 APRIL 1993

Michael Schwie 2108 Kimbrough Woods Place Germantown, TN 38139	50.00
Junior James 4342 Falcon Dr. Memphis, TN 38109	100.00
James Bayland Monumental Missionary Baptist Church 704 S. Parkway E. Memphis, TN 38106	100.00
Muhammad's Mosque No. 55, Nation of Islam 1214 Jackson Ave. Memphis, TN 38107	100.00
Cleo C. Kirk 2523 Lamar Memphis, TN 38114	100.00
Myron Lowery PO Box 3560 Memphis, TN 38173-0560	100.00

Rev. Gregory Stokes Greater Paradise Baptist Church PO Box 9488 Memphis, TN 38109	100.00
Dr. Talib-Karim Muhammad 2100 Airways Memphis, TN 38114	100.00
Carol Denise McChristian 1727 Glenview Ave. Memphis, TN 38114	100.00
Jacqueline Gray 1906 Janis Dr. Memphis, TN 38116	100.00
Del Rodney Gill 1261 Ryanwood Pl. Memphis, TN 38116-8807	100.00
Shepperson A. Wilbun, Jr. 502 S. Main 2 Memphis, TN 38103	50.00
Vicky C. Brown 2018 Elkmont Rd. Memphis, TN 38116	50.00
Elwood Ford, Jr. 237 N. Waldran 5 Memphis, TN 38105	50.00
Eldridge Mitchell PO Box 16854 Memphis, TN 38186-0854	200.00
Bobbie Kent 4805 Covington Pike Bartlett, TN 38135	35.00
Minerva Little 1897 Deen Ave. Memphis, TN 38116	50.00
Jason A. Farmer 3927 Dearborn St. Memphis, TN 38109	50.00
Nedra O. Davis 3404 Kirby Rd.	50.00

Memphis, TN 38115

CleArthur Morris 25.00
3314 Manning Dr.
Memphis, TN 38128

Matthew R. Davis 25.00
1107 Argyle
Memphis, TN 38107

Logan T. Mitchell 25.00
4989 Gardenwood Dr.
Memphis, TN 38116

Linda B. Rooks 30.00
5014 Autumnwood Dr.
Memphis, TN 38116

Veniece L. Starks 25.00
1304 N. Parkway
Memphis, TN 38104

Linda L. Hudson 25.00
3680 Irma
Memphis, TN 38127

Georgia A Joyner 25.00
446 Buntyn St.
Memphis, TN 38111

Evelyn S. Boyd 25.00
771 Josephine
Memphis, TN 38114

Velencia D. Anderson 20.00
2564 Faxon
Memphis, TN 38112

Dwan L. Gilliom 20.00
6356 Green Grove
Memphis, TN 38141

Carolyn J. McMillan 20.00
2767 Waverly #2
Memphis, TN 38114

Lula M. Guy 20.00
3902 Christine Garden E.
Memphis, TN 38118

Deborah Hardy Grigsby 10.00
2538 School Ave.

Memphis, TN 38112	
James Short 4611 Tulane Rd. Memphis, TN 38109	10.00
Angela A. Walker 1016 N. Willet St. Memphis, TN 38107	15.00
Esther J. Thornton 2564 Fontaine Rd. Memphis, TN 38106	20.00
V.H. Griffin 3648 Old Dominion Dr. Memphis, TN 38118	10.00
Noble M. Brooks 1278 Davidson Dr. Memphis, TN 38116	10.00
Rev. Arthur James Williams 586 Walnut Memphis, TN 38126	10.00
Otha Lee Samuels 247 West McKellar Memphis, TN 38109	10.00
Aileen N. Branch 2322 LaRose Memphis, TN 38114	10.00
Mary Puryear PO Box 113 Oakland, TN 38060	10.00
Sharon T. Patterson 3910 Aqua Cove Memphis, TN 38127	10.00
Katherline Maclin 586 Walker Ave. Memphis, TN 38126	10.00
Raymond L. Chapman 3259 Kimball Memphis, TN 38114	10.00
Patsy L. Strong 4050 Hanna	10.00

Memphis, TN 38128	
Sadie M. Wiley 2175 Berkeley Ave. Memphis, TN 38108	10.00
Jeraline Collins PO Box 752361 Memphis, TN 38175-2361	10.00
Vivian S. Shipp 1723 LaPatoma Memphis, TN 38114	5.00
Gwendolyn J. Sneed 6003 Pebble Beach Memphis, TN 38115	10.00
Frances D. Lopez 1471 Baggett Dr. #1 Memphis, TN 38127	10.00
Bonnie K. Holt 351 Stoneham Memphis, TN 38109	10.00
Rev. Eddie A. Brown, Jr. 702 Brownlee Memphis, TN 38116	10.00
Westley Stiles 1018 E. McLemore Ave. Memphis, TN 38106	20.00
Charlie F. Morris, Sr. 981 Alaska St. Memphis, TN 38107	20.00
John E. Madison 1087 Bourbon Pl. Memphis, TN 38106	25.00
Clyde L. Jamison 56 E. Frank Ave. Memphis, TN 38109	100.00
Virginia Wells 1976 Clovia Ln. Memphis, TN 38114	100.00
Lois A. Freeman 748 Roland St.	25.00

Memphis, TN 38104-5044

Callie Young 25.00
255 N. Lauderdale Box 504
Memphis, TN 38105

DEPOSIT OF 20 APRIL 1993

Melvin Wright 100.00
72 Regency Dr.
Jackson, TN 38301

Jo Ann Benson 100.00
2451 Ashport Rd.
Jackson, TN 38305

James L. Stewart 100.00
609 Steam Hill Ferry Rd.
Jackson, TN 38301

Thomas Sneed 50.00
1225 E. Jefferson ST.
Brownsville, TN 38012

Mattie Chism 5.00
1149B Rochelle Rd.
Jackson, TN 38301

Matthew R. Davis 10.00
1107 Argyle
Memphis, TN 38107

Gloria J. Sweet 25.00
808 Friendship Rd.
Brownsville, TN 38012

Gloria G. Cherry 25.00
250 Ayers
Jackson, TN 38301

Erma J. Robinson 10.00
685 Alida
Memphis, TN 38106

Bernice Robinson 135.00
Historical First Baptist Church
379 Beale St.
Memphis, TN 38103

Jesse Payne 200.00
Oak Hill Missionary Baptist Church
1725 Ragan

Memphis, TN 38106

Dora L. Richardson 500.00
Mt. Olive CME Church
Getwell Rd.
Nesbit, MS 38651

Mary Ann Perich Gammill 100.00
2935 Iroquois
Memphis, TN 38111

Johnnie M. Peters 20.00
3286 NOrton Rd.
Memphis, Tn 38109

Mattie A. Lewis 25.00
3362 Alta Rd.
Memphis, TN 38109

Helen Aldridge 100.00
Progressive Baptist Church
394 Vance Ave.
Memphis, TN 38126

Rev. James Gentry 100.00
Bibleway MB Church
853 Alice
Memphis, TN 38109

DEPOSIT OF 22 APRIL 1993

Lawrence D. Wruble 500.00
930 Madison Ave., Ste. 870
Memphis, TN 38103

Sarah L. Lewis 25.00
200 Napoleon Pl.
Memphis, TN 38106

Oliver Peyton 100.00
219 W. Illinois
Memphis, TN 38106

Mattie Eaton 20.00
3744 Misty Oak
Memphis, TN 38125

Ural Jones Realty Company 100.00
626 Vance Ave.
Memphis, TN 38126

Loyal Featherstone Realtors 200.00

3319 Kirby Pky.
Memphis, TN 38115

John Edgar Boggan 250.00
PO Box 16485
Memphis, TN 38186

Hosea Hill, Jr. 100.00
864 Woodland
Memphis, TN 38106-6724

DEPOSIT OF 26 APRIL 1993

Oscar Smith 200.00
White's Chapel AME Church
1712 Fields Rd.
Memphis, TN 38109

J. Cunningham 25.00
Wilson Chapel AME Church
PO Box 9807
Memphis, TN 38109

DEPOSIT OF 29 APRIL 1993

Goodneighborhood Social Club 25.00
Whitehaven
Memphis, TN

Lou Ella Hamilton 25.00
PO Box 16584
Memphis, TN 38186-0584

Harry T. Coleman 500.00
3087 Park Ave.
Memphis, TN 38111

Eugene Waller 1,000.00
Cummings Street Baptist Church
794 E. Raines
Memphis, TN 38116

Eddie L. Irions 150.00
V-8 Brake Service
1444 Elvis Presley Blvd.
Memphis, TN 38106

A. B. Hall, Jr. 5,000.00
Church of God in Christ
272 S. Main St.
Memphis, TN 38103

DEPOSIT OF 4 MAY 1993

John M. Fain Shelby Co. Democratic Party Fed. Account	500.00

DEPOSIT OF 13 MAY 1993

Leatrice B. McKissack 6666 Brookmont Terrace Nashville, TN 37205	1,000.00
W. A. Kelly 111 28th Ave. S. Nashville, TN 37212	1,000.00
Turner P. Williams PO Box 121197 111 28th Ave. S, Ste. 2A Nashville, TN 37212	1,000.00
Michael B. Milner PO Box 50303 Knoxville, TN 37950	100.00
Thomas E. Bernard 4501 Wayland Dr. Nashville, TN 37215	200.00
Tom Hensley 72 VillagewoodDr. Jackson, TN 38305	300.00
Ralph M. Brown 7504 Wolftever Tr. Ooltewah, TN 37363	100.00
Pat Scruggs 5208 Riverbriar Rd. Knoxville, TN 37919	100.00
Larry Perlberg 6275 Shady Grove Rd., E. Memphis, TN 38120	100.00
John M. Barzizza 8125 Meadow Glen Dr. Germantown, TN 38138	100.00
Athens Distributing Co. 905 James St. Memphis, TN 38181-1333	100.00

Athens Distributing Co. 4126 S. Creek Rd. Chattanooga, TN 37422	100.00
Athens Distributing Co. 1000 Herman St. Nashville, TN 37208	100.00
Robert E. Petrone 7312 Parliament Dr. Knoxville, TN 37919	50.00
James M. Petrone 1336 Farrington Dr. Knoxville, TN 37923	50.00
Gordon Z. Polofsky 8815 Gatwick Dr. Knoxville, TN 37922	100.00
Robert M. Moses 1210 Chickering Rd. Nashville, TN 37215	100.00
Sanny S. Hogue 1750 Hazelnut Lane #3 Cordova, TN 38018	50.00
F. Guthrie Castle, Jr. 3318 Kirby Pky. Memphis, TN 38115	100.00
A. Michael Alabaster 20 S. Dudley, Ste. 203B Memphis, TN 38103	25.00

DEPOSIT OF 13 MAY 1993

Lou Ella Hamilton PO Box 16584 Memphis, TN 38186	5.00
Cora L. Vaughn 4532 Whiteside St. Memphis, TN 38109	10.00
Callie M. Branch 4617 Cimmaron Memphis, TN 38109	20.00

DEPOSIT OF 20 MAY 1993

Jessie Gilliland Alpha Church Cong. of the Temples of the Living God 1084 McLemore Memphis, TN 38106	100.00
K. Thomas Tri-State Bank of Memphis 180 S. Main Memphis, TN 38103	100.00
V. Smith Tri-State Bank of Memphis 180 S. Main Memphis, TN 38103	100.00

DEPOSIT OF 24 MAY 1993

Mary Snell 8580 Hwy. 51 Southaven, MS 38671	300.00
Rev. Tommy McCray Macedonia Love Club 1278 Elmview Ln. Memphis, TN 38116	300.00
Wanda Catt 966 W. Mitchell Rd. Memphis, TN 38109	500.00
Janice P. Lipscomb 137 Southridge Dr. Nashville, TN 37207	1,000.00
Rev. Gerold Raybon Mount Sinai MB Church P:O Box 203 Memphis, TN 38101	100.00
Alton R. Williams 3783 Kentwood Ln. Memphis, TN 38118	100.00
James S. Moore Greater South Side Baptist Church 3209 Ford Rd. Memphis, TN 38109	200.00
Millie Starkes 783 Cedar Ave. Memphis, TN 38107	25.00

Albertha M. Rogers 4541 Bluebell St. Memphis, TN 38109	50.00
James H. Bates New Gilfield Baptist Church 608 Gillis Rd. Memphis, TN 38109	100.00
Jacqueline C. Shipp Lincoln Missionary Baptist Church 1460 Carlton Rd. Memphis, TN 38104	100.00
Cheryl L. Yates 3344 Walloon Memphis, TN 38118-4946	5.00
Sheila A. Bright 2156 Shannon Ave. Memphis, TN 38108	5.00
Daphne Bryant 3669 Eglesfield Dr. No. 1 Memphis, TN 38116	5.00
Doris M. Nash 4602 Windward Dr. Memphis, TN 38109	10.00
Olivia Dobbins 2876 Sandwood Memphis, TN 38127	200.00

DEPOSIT OF 1 JUNE 1993

William B. Clark, Jr. 5050 Poplar, Ste. 2200 Memphis, TN 38157	500.00
Ethel H. Isabel 2068 Claremont Cir. Memphis, TN 38114	50.00
Eric R. Hanson 1321 Duke St. #200 Alexandria, VA 22314	7,500.00
Pearl Crawford 1081 Court 834C Memphis, TN	25.00

DEPOSIT OF 8 JUNE 1993

Leatrice B. McKissack 6666 Brookmount Terrace #610 Nashville, TN 37205	250.00
Samuel J. Weintraub 176 Oak Grove Rd. S. Memphis, TN 38119	250.00
Rubye L. Bankhead Williams 1268 Gill Ave. Memphis, TN 38106	100.00
Burnett Joiner 305 S. Bellevue, #1006 Memphis, TN 38104	100.00
David C. Kotler	250.00
Estelle Brooks 1154 Elkwood Cv. Memphis, TN 38111	125.00
Joyce M. Andrews 1619 Old Mill Rd. Germantown, TN 38138	250.00
Russell Gwatney 2420 Covington Pike Memphis, TN 38128	250.00
Billy Hyman 4288 Woodcrest Dr. Memphis, TN 38111	250.00
Jimmy Moore 2664 Richwood Memphis, TN 38134	250.00
James Langford 4880 Easley St. Millington, TN 38053	250.00
Kevin Kane 3777 Rosedale Dr. Memphis, TN 38111	100.00
Estelle Brooks 1154 Elkwood Cv Memphis, TN 38111	125.00

Elizabeth A. Wagner 6152 Lacewood Cv. Memphis, TN 38115	250.00
David Winslow Upton 1470 Monroe Memphis, TN 38104	50.00
Edward W. Reed 975 Thomas St. Memphis, TN 38107	250.00
Cleo C. Kirk 2523 Lamar Memphis, TN 38114	250.00
Van B. Carter 5209 Corkwood Dr. Memphis, TN 38127	250.00

DEPOSIT OF 29 JUNE 1993

Irving Weiss 6637 Conifer Cove Memphis, TN 38119	100.00
Janice Lucas 9630 Putter Cv. Memphis, TN 38133	25.00
Rex Armistead Drawer No. 7 Lula, MS 38644-9999	250.00

DEPOSIT OF 9 AUGUST 1993

Bud Davis 5433 Poplar Ave. Memphis, TN 38119	2,000.00

DEPOSIT 2 SEPTEMBER 1993

Sam Gilmore McVean and Company 850 Ridge Lake Blvd. #G-01 Memphis, TN 381201	2,000.00

FORD LOCAL TRUST DEPOSITS MADE 5/10/93, 2/18/93, 2/1/93 (INTO HAROLD FUND LEGAL DEFENSE FUND)

Cane Creek Baptist Church 1785 Elvis Presley Memphis, TN 38106	175.00
Greater Harvest Church of God in Christ PO Box 9261 21 E. Rollins Memphis, TN 38109	500.00
Ludie E. Covington 1978 Sparks Memphis, TN 38106	25.00
Robbie L. Brown 2252 Marble Memphis, TN38108	20.00
Gateway Church of God in Christ 2201 Ketchum Memphis, TN 38114	100.00
Belmount Baptist Church 741 Polk Memphis, TN 38126	25.00
New Kingdom Missionary Baptist Church 4342 Falcon Memphis, TN 38109	200.00
Ebenezer Baptist Church 221 Semmes PO Box 1971 Memphis, TN 38101	200.00
Longview True Holiness 1905 S. Lauderdale Memphis, TN 38106	100.00
Historical First Baptist Church 379 Beale St. Memphis, TN 38103	355.00
Macedonia Missionary Baptist Church 2093 Perry Rd. Memphis, TN 38106	100.00
Gateway Church of God in Christ 2201 Ketchum Memphis, TN 38114	100.00

Belmount Baptist Church 741 Polk Memphis, TN 28126	25.00
Robbie L. Brown 2252 Marble Memphis, TN 38108	20.00
Bush Grove Missionary Baptist Church 4549 Brunswick Rd. Arlington, TN 38002	150.00
Greater Prospect Baptist Church 1184 College Memphis, TN 38106	100.00
Kenneth S. Robinson 885 Twinkletown Cv. Memphis, TN 38116	100.00
Calvary Church of Christ 1532 Ellington St. Memphis, TN 38108	100.00
Historic First Baptist Beale Day Care Center 379 Beale St. Memphis, TN 38103	100.00
Anna Belle Coleman	50.00
Odel Coleman 1857 Kendale Memphis, TN 38114	30.00
Berean Missionary Baptist Church 1219 Finley Memphis, TN 38116	100.00
First Baptist Church 172 First Ave. Memphis, TN 38109	100.00
Junior James 4342 Falcon Dr. Memphis, TN 38109	50.00
Lake Grove Baptist Church 265 Leath Memphis, TN 38105	200.00
Castalia Baptist Church 1540 Castalia Rd.	50.00

Memphis, TN 38114	
Greater New Grove MB Church 704 S. Parkway E. Memphis, TN 38106	100.00
Monumental MB Church 704 S. Parkway E. Memphis, TN 38106	500.00
Clyde Ave. Baptist Church 1226 Breedlove Memphis, TN 38107	100.00
Longview True Holiness 1905 S. Lauderdale Memphis, TN 38106	100.00
Ebenezer Baptist Church Box 1971 1221 Semmes St. Memphis, TN 38111	200.00
	$73,225.96

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 10: 51

(6)

William D. Ford

2107 Rayburn HOB

Washington, D.C. 20515 202/225-6261

Filer Status	[X] Member of the U.S. House of Representatives	State MI District 13	[ ] Officer or Employee — Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: William D. Ford

DATE (Month/Day/Year): 5/11/94

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	William & Jensen, PC, Washington, D.C.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name William D. Ford

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional FCU (savings)			X									X					X									
	IRA - Congressional FCU			X													NA										
	IRA - John Alden Life Insurance Co.			X													NA										
	Keough - Lincoln Natl. Pension Co.					X											NA										
SP	IRA - Fidelity Magellan Fund				X												X										
SP	Williams & Jensen PC. Pension/Profit Sharing Plans							X									X										

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name William D. Ford

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
SP	Century Nat'l. Bank (savings/checking)			X									X						X								
SP	Common Stock, Williams & Jensen, PC			X													X										
SP	N.F. Corporation (investment partnership investing in CD's and notes)					X					investment income								X								

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
SP	Williams & Jensen, PC, Pension Plan	Personal Loan		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source		Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
AFL-CIO		Feb. 13-16	Wash., DC-Miami-Wash., DC	Y	Y	Y	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

(Office Use Only)

Tillie K. Fowler
(Full Name)

4730 Prince Edward Road; Jacksonville, FL 32210 202 225-2501
(Mailing Address) (Telephone Number)

Contact: Buck Fowler 904 246-4886

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District Fourth	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Tillie K. Fowler

DATE (Month/Day/Year) 5/9/94

1274

Name	Page 2 of 10
Tillie K. Fowler	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	R. W. Fowler and Associates, Inc. and Related Companies Atlantic Beach, Florida	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

81-662 O—94——41

Name Tillie K. Fowler

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	Examples: 123 Main St., Dover, Del.							X				X										X					
	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
1. SP	R. W. Fowler and Associates, Inc. and Related Companies Stock									X	X												X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
2.	SP	4500 Block Ortega Forest Drive Jacksonville, Florida Unimproved Property							X									X										
3.	DC	Ponte Vedra National Bank Common Stock: Ponte Vedra Beach, FL.			X													X										
4.	DC	Ponte Vedra National Bank Common Stock, Ponte Vedra Beach, FL			X													X										
5.	SP	Ponte Vedra National Bank IRA Account Ponte Vedra Beach, FL					X															NA						

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
6.	SP	Paine Webber, Inc.								X												NA						
		IRA Account																										
		Jacksonville, FL																										
		(Rollover from Barnett Bank																										
		Trust Company)																										
7.	SP	Sun Trust, Common Stock				X						X								X								
8.	SP	Lo Jack Corporation				X												X										
		Common Stock																										
9.	SP	Ponte Vedra National Bank						X						X								X						
		Bank Accounts																										
10	SP	635A Ponte Vedra Blvd							X				X											X				
		Ponte Vedra Beach, FL.																										

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset									BLOCK C Type of Income					BLOCK D Amount of Income										BLOCK E Transaction
SP DC JT		None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P S E
11	SP Douglas Partnership I Ltd.			X								X						X								
	Office Building																									
	3415 Apalachee Parkway																									
	Tallahassee, Florida																									
12	South Trust Bank				X								X					X								
	Bank Accounts																									
	Jacksonville, FL																									
13	First National Bank of Baldwin		X										X				X									
	County; Bank Account																									
	Milledgeville, Georgia																									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Tillie K. Fowler

	Asset	Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
	SP DC JT		None A $1 – $1,000 B $1,001 – $15,000 C $15,001 – $50,000 D $50,001 – $100,000 E $100,001 – $250,000 F $250,001 – $500,000 G $500,001 – $1,000,000 H Over $1,000,000	DIVIDENDS RENT INTEREST CAPITAL GAINS EXCEPTED TRUST QUALIFIED BLIND TRUST	None I $1 – $200 II $201 – $1,000 III $1,001 – $2,500 IV $2,501 – $5,000 V $5,001 – $15,000 VI $15,001 – $50,000 VII $50,001 – $100,000 VIII $100,001 – $1,000,000 IX Over $1,000,000	P, S, E
14	South Trust Bank		X		NA	
	IRA Account					
	Jacksonville, Florida					

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Congressional Institute, Inc.	2/25-27	Wash., D.C.-Princeton, NJ-Wash., D.C.	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	SEE ATTACHED LIST

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

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Tillie K. Fowler

Part VIII-Positions

Uncompensated

Board Member	-	Emory University Board of Governors
Board Member	-	St. Vincent's Health Systems, Jacksonville, Florida. Honorary Member.
Board Member	-	American Red Cross, N.E. Florida Chapter
Member	-	Childbirth Education Association Advisory Board, Jacksonville, Florida
Board Member	-	World Golf Village, Ponte Vedra Beach, Florida

1994 JUN -1 AM 9 59

MAY 26 1994

4730 Prince Edward Road
Jacksonville, FL 32210
May 27, 1994

Office of the Clerk
U. S. House of Representatives
Office of Records and Registration
1036 Longworth House Office Building
Washington, DC 20515-6612

Reference: Tillie K. Fowler
Fourth District, Florida
Financial Disclosure Statement
for Calendar Year 1993

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MC

Dear Sir:

Please receive this as an amendment to the above-referenced report.

This amendment is filed for the purpose of listing the assets held in the Paine Webber, IRA Account which is item 6 of Schedule III.

The asset portfolio as of December 31, 1993 is shown on the attached two page schedule.

Please advise if you require any additional information.

Yours truly,

Tillie K. Fowler

Tillie K. Fowler

December 1993

Individual Retirement Rollover Account

Net account value on November 30	$	00
Net account value on December 31	$	559,076 81 *
Cash in 12/31 value	$	54,369 26

* Excludes unpriced assets

PaineWebber Statement

N/M 015/215 X1

Account Number

Social Security Number

Your Investment Executive

L BUCK FOWLER IRA/RLVR
PO BOX 508
ATLANTIC BEACH FL 32233-0508

Asset summary

See reverse side for information on assets excluded from this summary

	% of portfolio	Value
U.S. Government securities	100 00	504,707 55
Plus cash balance		54,369 26
Net account value		$ 559,076 81

Account instructions

PaineWebber is your IRA Rollover custodian

Bulletin Board

IF YOU DON'T HOLD OUTSIDE ASSETS OR DIRECT INVESTMENTS 1) RETAIN THIS STMT FOR 1993 YEAR END VALUE 2) THIS INFO IS BEING FURNISHED TO IRS 3) NET ACCT VALUE + ANNUITIES = TOTAL VALUE RETIREMENT MONEY FUND UNDER $25?
SEE SPECIAL INFORMATION ON REVERSE SIDE

Asset portfolio

Prices, income and current values may be approximate. Some Direct Private investments are presented at initial offering price. Details on back.

Quantity/face value	Description	Price	Value
100,000	U.S. TREASURY NOTE RATE 5 5000% MATURES 02/15/95	101 875	101,875 00
115,000	U.S. TREASURY NOTE RATE 5 5000% MATURES 07/31/97	102 375	117,731 25
50,000	FED NAT MTG ASSN RATE 7 0500% MATURES 12/10/98	106 921	53,460 50
50,000	FED NATL MTG ASSN RATE 7 5000% MATURES 02/11/02	110 297	55 148 50

Continued on page 2

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PaineWebber Statement

Asset portfolio - continued

Prices, income and current values may be approximate. Some Direct / Private investments are presented at initial offering price. Details on back.

Quantity/Face value	Description	Price	Value
100,000	TINT TRSY INTEREST PAYMENT MATURES 11/15/02	59.386	59,386.00
100,000	TINT TRSY INTEREST PAYMENT MATURES 11/15/07	40.842	40,842.00
30,000	TINT TRSY INTEREST PAYMENT MATURES 11/15/08	37.741	11,322.30
100,000	TINT TRSY INTEREST PAYMENT MATURES 08/15/10	32.794	32,794.00
100,000	TINT TRSY INTEREST PAYMENT MATURES 11/15/10	32.148	32,148.00
	Total		**$ 504,707.55**

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF REC. ... ...
94 MAY 12 AM 9:31
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

(Office Use Only)

4

Barney Frank
(Full Name)

2404 Rayburn Bldg. Washington, DC 20515
(Mailing Address)

202-225-5931
Daytime Telephone

Filer Status	[x] Member of the U.S. House of Representatives	State MA District 4	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [x]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [x]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Barney Frank

DATE (Month/Day/Year): May 11, 1994

Name Barney Frank

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Examples:	SP	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
			Mega Corp. Stock				X						X								X								P
			123 Main St., Dover, Del.							X				X										X					
			1st Bank of Peoria, IL accounts					X							X							X							
			US Trust (Boston, MA) - IRA				X								X						X								
			TIAA-CREF Retirement Account			X													X										
			114 Floral St. (Newton, MA) personal residence					X											X										
			1328 Corcoran St., NW (Wash., DC) personal residence (½ interest)						X										X										
			For liabilities on Floral and Corcoran Streets see Schedule V																										

For additional assets and unearned income, use next page.

Name Barney Frank

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Bank of Boston	Mortgage on 114 Floral St. (Newton, MA) personal residence		X					
	Sears Co.	Mortgage on 1328 Corcoran St., NW (Wash., DC) ½ interest				X			
	For assets on Floral and Corcoran Streets see Schedule III								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Barney Frank	Page 4 of 4

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Toro Law School (Huntington, NY)	Mar. 1	Air travel Wash., DC-Islip (NY)-Wash. for speech	N	Y	N	N
	Gay & Lesbian Coalition Bowdoin College (Brunswick, ME) Spindell Memorial Scholarship (Philosophy Department)	Mar. 7 - Mar. 8	Air Travel Wash.-Portland (ME)-Wash. for speech	Y	Y	N	N
	Bayonne, NJ Jewish Comm. Center	June 6	Air travel Boston-Newark, NJ-Wash. for speech	N	Y	N	N
	Time-Warner Gay & Lesbian Issues Conference (New York, NY)	Nov. 11	Air travel Boston-New York-Wash. for panel discussion	N	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

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U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED

ROBERT D. FRANKS
(Full Name)
1200 Springfield Avenue - Apt. 3-B
(Office Address)
New Providence, NJ 07974
(Telephone Number)

Filer Status	[X] Member of the U.S. House of Representatives	State New Jersey District 7	[ ] Officer or Employee	Employing Office	
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[X]	[ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[ ]	[X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[X]	[ ]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Bob Franks

DATE (Month/Day/Year): 5/14/94

Name ROBERT D. FRANKS | Page 1 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12-13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	U.S. House of Representatives	Salary	$ 121,724
	David Welch and Associates	Writing fee for handbook for state legislators	$ 7,800
	Intrenet, Inc.	Director's Fee	$ 2,000
	Life Investors Ins. Co. of America	Pension Distribution	$ 717

For payments to charity in lieu of honoraria, use Schedule II.

Name ROBERT D. FRANKS | Page 1 of 1

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
The Connell Company	Appearance	April 15, 1993	$2,000
The Tobacco Institute	Speech	July 27, 1993	$2,000
PSEG PAC	Speech	November 30, 1993	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: RUPERT B. [illegible]

Page 1 of 1

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

SP	Examples	SP	Mega Corp. Stock
DC			123 Main St., Dover, Del.
JT			1st Bank of Dover, IL mutual funds

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRAs and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

Asset	A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	Transaction
Mega Corp. Stock				X			X			X								X								P
123 Main St., Dover, Del.					X						X									X						S, E
1st Bank of Dover, IL mutual funds						X						X							X							P
First Fidelity Bank Savings			X									X				X										
United Counties Trust			X									X				X										
Summit Federal			X									X				X										

For additional assets and unearned income, use next page

Name ROBERT D. FRANKS | Page 1 of 1

SCHEDULE VII — FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6-13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	AIPAC	Aug. 23-30	New York-Israel-New York	Y	Y	N	N

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Name ROBERT D. FRANKS	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 24-26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature, and positions listed on Schedule I.

Position	Name of Organization
Committee Member	Long Term Planning Committee, Overlook Hospital (Uncompensated)
Advisory Board Member	Childrens Specialized Hospitals (Uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to future employment, a leave of absence during the period of government service, continuation or deferral of payments by a former or current employer other than the U.S. Government, or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1993

Martin Frost
(Full Name)

2459 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

Daytime Telephone
202-225-3605

MC HAND DELIVERED
(Office Use Only)

10

Filer Status	[X] Member of the U.S. House of Representatives	State Texas District 24th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? If yes, complete and attach Schedule I.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? If yes, complete and attach Schedule II.	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? If yes, complete and attach Schedule III.	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? If yes, complete and attach Schedule IV.	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? If yes, complete and attach Schedule V.	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Martin Frost

DATE (Month/Day/Year): 5/2/94

1297

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Brener Building Maintenance	Spouse salary	$6,512.50

For payments to charity in lieu of honoraria, use Schedule II.

Name Martin Frost | Page 3 of 10

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	The Connell Company, Westfield, New Jersey	Speech	Sept. 7, 1993	$2,000.00

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Martin Frost

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Central & Southwest Stock				X						X									X							
	Eli Lilly Stock				X						X								X								
	Exxon Stock					X					X										X						
	Houstin Industries Stock				X						X									X							
	Merck Stock			X							X								X								
	Schering Plough Stock	X									X			X							X						S

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
S	Coca Cola Stock			X							X							X									
S	Philip Morris Stock			X							X							X									
S	Wright Patman Credit Union			X									X						X								
DC	Congressional Federal Credit Union			X									X						X								
DC	Northwestern Mutual Ins. Policy			X							X								X								
DC	Treasury C.A.T.S.				X								X							X							
DC	Coca Cola Stock			X							X							X									
DC	McDonalds Stock			X							X							X									
DC	Walmart Stock			X							X							X									
DC	Walt Disney Stock			X							X							X									
DC	AT&T Stock			X							X						X										P
DC	Texaco Stock			X							X						X										P
DC	Bristol Myers Squibb Stock			X							X						X										P
DC	Treasury C.A.T.S.				X								X							X							

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Walmart Stock				X						X							X									
	Coca Cola Stock (IRA)			X							X							X									
	Mattel Inc. Stock (IRA)			X													X										
	Treasury CATS (IRA)			X													X										
	Municipal Invest. Trust Fund			X									X					X									
JT	Rental Property, Dallas, TX				X							X									X						
S	Chevy Chase FJB				X								X							X							
S	McDonalds Stock				X						X							X									
S	Walmart Stock				X						X							X									
S	Waste Management Stock			X							X							X									
S	Blockbuster Stock				X						X							X									
S	Treasruy C.A.T.S. (IRA)				X								X				X										
S	Series E Bonds			X									X				X										
S	Sara Lee Stock			X							X							X									
S	Staples Stock			X													X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Martin Frost

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 - $1,000	C $1,001 - $15,000	D $15,001 - $50,000	E $50,001 - $100,000	F $100,001 - $250,000	G $250,001 - $500,000	H $500,001 - $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
DC	Coca Cola Stock			X							X							X									
DC	General Electric Stock			X							X							X									P
DC	McDonalds Stock			X							X							X									
DC	Sara Lee Stock			X							X							X									
DC	Walmart Stock			X							X							X									
DC	Walt Disney Stock			X							X							X									
DC	AT&T Stock			X							X						X										P
DC	Bristol Myers Squibb Stock			X							X						X										P
DC	Texaco Stock			X							X						X										P
DC	Bond, Conroe Texas ISD			X													X										
DC	Bond, MD. St. Health & Higher Education			X													X										
DC	Bond, Austin, TX, ISD			X													X										

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SCHEDULE IV — TRANSACTIONS

Name Martin Frost

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Schering Plough Stock		X		3/22/93	X						
DC	General Electric Stock	X			8/25/93	X						
DC	AT&T Stock	X			12/27/93	X						
DC	Texaco Stock	X			12/27/93	X						
DC	Bristol Myers Squibb Stock	X			12/27/93	X						
DC	AT&T Stock	X			12/27/93	X						
DC	Texaco Stock	X			12/27/93	X						
DC	Bristol Myers Squibb Stock	X			12/27/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Harlingen National Bank	Mortgage on 2535 Wedglea Dallas, Texas		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Martin Frost | Page 10 of 10

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Public Affairs Committee (AIPAC)	Dec. 16-24/93		Y	Y	N	N

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:34

HAND DELIVERED

Elizabeth Furse
316 Cannon House Office Building
Washington, DC 20515
202-225-0855

Filer Status	[X] Member of the U.S. House of Representatives	State: Oregon District: First	[ ] Employee
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	X	
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	X	
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	X	
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**		X
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	X	
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**		X
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	X	
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	X	
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**		X

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

Question	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)		X
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)		X

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Elizabeth Furse

DATE (Month/Day/Year): May 15, 1994

V

Name Elizabeth Furse	Page of

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Columbia River Intertribal Fish Commission	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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Name Elizabeth Furse | Page of

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Oregon State Society	Speech	March 12, 1993	$200

This page may be copied if more space is required

Name Elizabeth Furse | Page 4 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	Type	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X							X								X								P
	123 Main St., Dover, Del.							X					X										X					
	1st Bank of Peoria, IL accounts					X								X							X							
JT	22770 and 22790 NW Yungen Hillsboro, Oregon						X						X										X					
JT	22485 NW Yungen, Hillsboro OR. sale of rental prop						X					P					↑	X										
												we account inventory																

For additional assets and unearned income, use next page.

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Name Elizabeth Furse | Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Oregon Department of Veterans Affairs	Contract for Sale and Trust Deed (22770 NW Yungen and 22790 NW Yungen, Hillsboro, Oregon)				X			
JT	Wright-Patman Congressional Credit Union	unsecured loan	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Elizabeth Furse | Page ` of

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Mt. Holyoke College Democrats	Mar. 28-29	Wash., DC - Bradley, CT - Wash., DC	Y	N	N	N
	National Jewish Community Relations Advisory Council	Oct. 11-12	Wash., DC - New York City, NY - Wash., DC	Y	Y	N	N
	Maritime Trades Department, AFL-CIO	Oct. 1	Wash., DC - San Francisco, CA - Portland, OR	N	Y	N	N

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Name Elizabeth Furse	Page / of

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Board Member	Oregon Peace Institute, Portland, Oregon

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO: 1994 — 75-884 (0947)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

Elton Gallegly (Full Name)

P. O. Box 3789 (Mailing Address)

Simi Valley, CA 93093

805-522-4487 (Daytime Telephone)

ML (Office Use Only)

6

Filer Status	[XX] Member of the U.S. House of Representatives	State CA District 23	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [XX]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] **DATE** (Month/Day/Year) May 2, 1994

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Name	Elton Gallegly	Page 2 of 6

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Dynamic Realty	Spouse Salary	NA
	Nostalgia Junction	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Elton Gallegly | Page 3 of 6

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peona, IL accounts					X							X							X							
JT	1791 Erringer Rd., Simi Valley							XX				XX											XX				
JT	1353 Agnew St., Simi Valley, CA						XX					XX										XX					
JT	Vacant Lot 39, St. Moritz Isle Lake Tahoe, CA	XX												XX									XX				S
SP	Dynamic Realty			XX													NA										
SP	Nostalgia Junction					X											NA										
JT	Simi Valley Bank					X							XX							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Elton Gallegly

BLOCK A		BLOCK B Year-End Value of Asset									BLOCK C Type of Income					BLOCK D Amount of Income									BLOCK E
	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	ROYALTIES	EXCEPTED TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Transaction P, S, E
JT	So. Calif. Savings				XX								X					XX								
JT	Midland Property Ltd. Ptr XXIII				X											X										P
	Keough, Bank of A. Levy			X												NA										
	IRA, Meridian Point Realty Tr VII CO PFD			X												NA										
	IRA, Fortis Advantage Asset Port				X											NA										
	IRA, Idex Fund 3				X											NA										
	IRA, Ventura Pacific Capital Grp VI			X												NA										
SP	IRA DLJSC Custodian for Amgen (formerly Pershing)			X												NA										P
SP	IRA, Carnegie Funds Group			X												NA										
SP	IRA, Fortis			X												NA										

This page may be copied if more space is required.

Name Elton Gallegly

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Vacant Land Lot 39, St. Moritz Isle, Lake Tahoe, CA		XX		12-15-93		XX					
JT	Midland Property Ltd. Partnership XXIII	XX			7-19-93		XX					

This page may be copied if more space is required.

Name	Elton Gallegly	Page 6 of 6

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	H. L. Schweitzer, P.O. Box 602, Tujunga, CA	Mortgage on 1791 Erringer, Simi, CA			X				
JT	H. L. Schweitzer, P.O. Box 602, Tujunga, CA	Refinance of above Mortgage on 1791 Erringer, Simi, CA				X			
JT	Main Street Mortgage, Florida	Mortgage on 1353 Agnew, Simi, CA		X					
JT	First State Bank of the Oaks, WLV, CA	Refinance of above Mortgage on 1353 Agnew, Simi, CA				X			
JT	Midland Property Ltd Partnership XXIII	Note		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 PM 1:05

OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

(12)

Dean A. Gallo
(Full Name)

64 Continental Road
(Mailing Address)

(201-[illegible])
(Daytime Telephone)

Morris Plains, NJ 07950

Filer Status	[x] Member of the U.S. House of Representatives	State New Jersey District 11	[ ] Officer or Employee	Employing Office
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [x]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [x]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [x]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Dean A. Gallo

DATE (Month/Day/Year) May 7, 1994

1320

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Dean A. Gallo	3 of 13

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Connell Company, Westfield, NJ	Speech	Mar.8, 1993	$2,000
The Tobacco Institute, Washington, D.C.	Speech	Mar. 16, 1993	$2,000

Note: A confidential transmittal including the recipients of the payments has been filed with the Committee on Standards of Official Conduct in accordance with instructions.

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Dean A. Gallo

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

* Partnership

** Sub S Corp

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp Stock				X						X								X								P
Examples:	123 Main St., Dover, Del							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	Congressional Federal Credit Union Savings A/C			X									X						X								
	Morris County Federal Credit Union Savings A/C		X										X					X									
	202 North Associates, Parsippany NJ 25% Interest *					X																X					
	D&H Enterprises, Hanover, NJ 25% Interest *					X							X						X								
	Templeton Growth Fund			X							X										X						
	Investment Company of America				X						X								X								P

For additional assets and unearned income, use next page. * Partnership ** Sub S Corp

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dean A. Gallo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Gallo & DeCroce, Inc. 50% Common Stock **				x								x									x					
	Gal-Lex & Tedesco, Inc. 25% Common Stock **				x								x						x								
	Gallo,DeCroce,& Hubler, 331/3% Common Stock(In Liquidation)**		x															x									
	Rand Associates, Hanover, NJ 25% Interest *					x											x										
	7410 Partnership, Morris Plains NJ 50% Interest *							x														x					
	Fox Ridge Associates * Morris Plains, NJ 16.67 Interest		x														x										
	Park Hill Estates,Parsippany NJ 25% Interest *				x												x										
	G.T. Europe Growth Fund			x							x							x									
	Oppenheimer Target Fund	x									x						x										S
	AG Edwards & Sons Daily Cash Fund					x					x										x						
	American Barrick Res Corp 400 Shares			x							x							x									
	Echo Bay Mines Ltd. 100 Shares	x									x							x									S
	Freeport-McMoran Copper & Gold 700 Shares				x						x								x								
	Middlesex County, NJ Bonds			x									x						x								
	Mt. Olive Township, NJ Bonds			x									x						x								

This page may be copied if more space is required. *Partnership **Sub S Corp

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dean A. Gallo

Page 6 of 12

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	NJ Economic Dev Auth Bonds			X									X						X								
	NJ Health Care Facs. Bonds			X									X						X								
	BIS Communication Corp 1000 Shares	X															X										
	AG Edwards Daily Cash Fund IRA Account			X							X							X									
	Kemper Investment Portfolio IRA Account			X							X								X								
	CE MFES Hanover Trust Co IRA Account	X															X										S
	River Bank of America IRA Account	X															X										S
	FNMA 8.75 REMIC Pass thru CTF IRA Account	X															X										S
	FNMA 9.0 GTD Pass thru CTF IRA Account			X									X					X									
	Scudder New Europe Fund	X															X										S
	New Jersey Turnpike 7.25 1-1-18	X															X										S
	South Texas 6.25 9-1-03	X															X										S
	Putnam Health Sciences IRA Account	X															X										S
	Investment Company of America IRA Account			X							X								X								P
	USMX, Inc	X															X										S

This page may be copied if more space is required. *Partnership **Sub S Corp

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Dean A. Gallo

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Gallo & DeCroce Rentals, Inc.	x															x										
	D. Gallo 1992 Irrevocable Family Trust		x										x						x								
	Capital World Growth & Income Fund			x							x								x								P
	Hartwell Emerging Growth Fund			x							x								x								P
	Homestake Mining			x							x							x									P
	Lumberton Tsp NJ Bonds			x									x						x								P
	Bond Fund of America				x						x									x							P
	IRA Account																										
	DAL Partnership			x													x										P.

This page may be copied if more space is required. *Partnership **Sub S Corp.

SCHEDULE IV — TRANSACTIONS

Name Dean A. Gallo

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	Capital World Growth & Income Fund	x			8-4-93	x						
	Hartwell Emerging Growth Fund	x			1-7-93	x						
	Lumberton Township NJ Bonds	x			1-7-93	x						
	Investment Company of America	x			1-7-93	x						
	Homestake Mining Co.	x			11-9-93	x						
	NJ Turnpike Authority Bonds		x		1-4-93	x						
	Oppenheimer Target Fund		x		1-7-93		x					
	South Texas Water Authority Bonds		x		9-1-93	x						
	Echo Bay Mines LTD		x		9-14-93	x						
	USMX Inc		x		10-8-93	x						
	Scudder New Europe Fund		x		11-9-93	x						
	Bond Fund of America	x			6-3-93		x					
	Manufacturers Hanover Trust		x		4-20-93	x						
	FNMA 8.75% 6-25-21		x		5-25-93	x						
	Putnam Health Sciences		x		8-2-93	x						
	River Bank of America-CD		x		12-14-93	x						
	DAL Partnership	x			10-6-93	x						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

Name	Dean A. Gallo	Page 10 of 12

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
NONE							

This page may be copied if more space is required.

Name Dean A. Gallo	Page 11 of 12

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
	See Financial Disclosure Detail page 12 Attached

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75–864 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

PART VIII POSITIONS

POSITIONS	NAME OF ORGANIZATION
President	Gallo & DeCroce, Inc. Parsippany, NJ
Vice President	Gal-Lex & Tedesco, Inc. Parsippany, NJ
President	Gallo, DeCroce, & Hubler, Inc. (in liquidation)
Partner 25%	D&H Enterprises, E.Hanover, NJ
Partner 25%	Rand Associates, E.Hanover, NJ
Partner 50%	7410 Partnership,Morris Plains, NJ
Partner 16.67%	Fox Ridge Assoc., Morris Plains, NJ
Partner 25%	202 North Associates, Parsippany, NJ
Partner 25%	Park Hill Estates, Parsippany, NJ
Investor	All Mutual Funds listed in II & III
Investor	Various Savings Accounts
President	Gallo & DeCroce Rentals, Inc.
Partner 33 1/3 %	DAL Partnership, Morris Plains, NJ

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 12: 21

Samuel Gejdenson

2416 Rayburn HOB

Washington, D.C. 20515 202-225-2076

Connecticut
2

HAND DELIVERED

Filer Status	[X]		
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL

5/14/94

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Name	Page 2 of 9
Samuel Gejdenson	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Montessori School of Har Tzeon, Inc.	Spouse Salary	NA
	Clyde Watson Soccer Academy, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA [illegible]

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
None			

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Samuel Gejdenson

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A		Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP	Examples	SP	Mega Corp Stock				X					X								X								P
DC			123 Main St Dover Del						X				X										X					
JT			1st Bank of Peoria, IL accounts					X						X								X						
JT	110 3rd Street, NE Washington, D.C. (Basement apartment rented)								X				X										X					
JT	Wright Patman Cong. Fed. Credit Union				X									X					X									
JT	Presidential Savings, Wash., D.C. (Savings account)				X									X						X								
	Anchor Nat. Life Insurance Co. Denver, CO (IRA)		X											NA							NA							
SP	Anchor Nat. Life Insurance Co. Denver, CO (IRA)				X									NA							NA							
	Wright Patman Cong. Fed. Credit Union (IRA)		X											NA							NA							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Samuel Gejdenson

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	Rent	INTEREST	Royalties, Licenses	EXCEPTED TRUST	Trusts, Estates and TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
SP Wright Patman Cong. Fed. Credit Union (IRA)			X									NA						NA								
SP Georgia Power (Bonds, 2004)	X											X						X								S
SP Reliance Group (Bonds, 1988)			X									X						X								

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Samuel Gejdenson

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1.000 Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50 000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	Mega Corporation Common Stock	X			10–12–93		X					
SP	Georgia Power Bonds		X		8-31-93		X					

This page may be copied if more space is required.

Name Samuel Gejdenson | Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
	Eastern Savings & Loan Norwich, CT	Line of Credit Gejdenson Re-election Committee				X			
JT	Mellon Mortgage Co.	Mortgage on: 110 3rd St., NE Washington, D.C.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	(Speaking Engagement) Ocean County Jewish Federation	April 22	New Haven - Eatontown, NJ - New Haven	N	N	N	N

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81-639 O—94—43

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities, positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
None	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

Use additional sheets if more space is required.

HAND DELIVERED MAY 16 PM 4:32

Name	Samuel Gejdenson	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				x			
	Eastern Savings & Loan Norwich, CT	Line of Credit Gejdenson Re-election Committee				X			
JT	Mellon Mortgage Co.	Mortgage on: 110 3rd St., NE Washington, D.C.				X			
	Congressional Federal Credit Union	Personal Loan	x						
	Eastern Savings & Loan, Norwich, CT	Personal LOan		x					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

(7)

GEORGE W GEKAS
(Full Name)
732 SOUTH 25th STREET
(Mailing Address)
HARRISBURG PENNSYLVANIA 17111 (202) 225 4315
(Daytime Telephone)

MC MAY 1994
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 17th	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL [signature] DATE (Month/Day/Year) 5/14/94

Name	GEORGE W GEKAS	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	GORDON D. MYERS, M.D., P.C.	SPOUSE SALARY	NA
	COMMONWEALTH OF PENNSYLVANIA - STATE EMPLOYES' RETIREMENT SYSTEM	PENSION	14,020
	U.S DEPT. HEALTH & HUMAN SERVICES, REGION III	RELIEF NURSE SPOUSE PER DIEM FEE	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name GEORGE W GEKAS | Page 3 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	DAUPHIN DEPOSIT BANK (IRA) HARRISBURG, PA				X								X					N	A	-	I	R	A				P
SP	PRUDENTIAL SECURITIES (IRA) NEW YORK, NY (SEE Exhibit A)						X						X	X				N	A	-	I	R	A				P, S
SP	DIVERSIFIED INVESTMENT ADVISORS FORMERLY MUTUAL LIFE INSURANCE OF NY. (IRA) PURCHASE, NY			X									X					N	A	-	I	R	A				
	CONGRESSIONAL FEDERAL CREDIT UNION WASHINGTON, DC			X									X						X								
	DAUPHIN DEPOSIT BANK HARRISBURG PA				X								X							X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GEORGE W GEKAS

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	MID PENN BANK MILLERSBURG, PA					X							X							X							
	HARRIS SAVINGS ASSOCIATION HARRISBURG, PA			X									X						X								
	U.S SAVINGS BONDS EE					X							X				X										P
	DEAN WITTER REYNOLDS, INC UNIT MUNICIPAL INV TRUST FD.	X											X	X					X								S
	INVESCO FUNDS GROUP, INC (FORMERLY FINANCIAL IND FD) DENVER, CO		X										X					X									
SP	PNC BANK CORP FORMERLY CCNB BANK CORPORATION - STOCK				X						X									X							
JT	PNC BANK FORMERLY CCNB BANK CAMP HILL, PA			X									X					X									
	MERIDIAN BANK READING, PA		X										X					X									
SP	DAUPHIN DEPOSIT BANK HARRISBURG, PA				X								X						X								
SP	124 BIAS STREET HARRISBURG, PA					X						X										X					
SP	50% INTEREST IN ESTATE OF LOUIS CHARAS (SEE EXHIBIT B)					X							NONE				X										

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Name GEORGE W GEKAS | Page 5 of 7

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	U.S SAVINGS BONDS EE	X			1.25.93		X					
	DEAN WITTER REYNOLDS, INC UNIT MUNICIPAL INV TRUST Fd		X		1.25.93	X						
	DAUPHIN DEPOSIT BANK (IRA)	X			4.14.93	X						
SP	FHLMC REMIC SERIES 1133N (IRA)		X		5.1.93		X					
SP	PRUDENTIAL MULTI-SECTOR Fd - CLASS A (IRA)	X			5.1.93	X						

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Name	GEORGE W GEKAS	Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities owed to a spouse**, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded $10,000**. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
SP	PNC Mortgage Service Co, Louisville, Ky	Mortgage · 124 Bias St., Hbg, Pa.		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

GEORGE W. GEKAS
FINANCIAL DISCLOSURE STATEMENT:1993

Exhibit A

Schedule III-Assets
Prudential Securities-Spouse-IRA

Assets related to the IRA account on December 31, 1993:

			Value
AIM Equity Funds, Inc.-Charter Fund	$ 15,001	-	$ 50,000
AIM Equity Funds, Inc.-Constellation Fund	$ 5,001	-	$ 15,000
Phoenix Balanced Fund	$ 15,001	-	$ 50,000
Prudential Multi-Septor Fund, Class A	$ 5,001	-	$ 15,000
CD Lasalle (Exchange) National Bank	$ 15,001	-	$ 50,000
Cash	$ 1	-	$ 200

Exhibit B

Schedule III-Assets
50% Interest in Estate of Louis Charas
Assets held within Estate

			Value
732 S. 25th Street, Harrisburg, PA-House	$ 15,001	-	$ 50,000
313 S. 21st Street, Harrisburg, PA-House	$ 50,001	-	$ 100,000

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY 16

Richard A. Gephardt
(Full Name)

H-148, The Capitol
(Mailing Address)

225-0100

HAND DELIVERED
(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State Missouri District 03	[ ] Officer or Employee	Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Richard A. Gephardt

DATE (Month/Day/Year) May 16, 1994

Name	Richard A. Gephardt	Page 2 of 8

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples.	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Northern Virginia Medical Association	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	Housewares Industries, Chicago	Speech	Jan. 10, 1994	$2,000

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Name Richard A. Gephardt

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	1/2 interest Lot 26, Corolla Light, Corolla, NC							X				X											X				

For additional assets and unearned income, use next page.

Name Richard A. Gephardt

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	None											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,001 and over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del				X			
JT	Cenit Bank	Mortgage on Lot 26, Corolla Light, Corolla, NC				X			
JT	O-B Ventures	Mortgage on Lot 26, Corolla Light, Corolla, NC	X						
JT	Northwestern University	Student Loan		X					

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
See Attached Schedule							

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Name	Richard A. Gephardt	Page 8 of 8

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Institute Board	Public Policy School, Duke University (uncompensated)

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

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Use additional sheets if more space is required.

Reporting Individual's Name
GEPHARDT, RICHARD A.

ATTACHMENT TO SCHEDULE VII - FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

Source	Date(s)	Itinerary	Lodging? (Y/N)	Food? (Y/N)	Family Member Included?	Any time not at sponsor's expense
Housewares Association	1/9-1/10	Reno, NV to Chicago, IL to St. Louis, MO	Y	Y	N	N
National Legislative Education Foundation	1/28-1/29	Wash., DC to Baltimore, MD to Wash., D.C.	Y	Y	Spouse	N
AFL-CIO	2/11-2/15	Wash., DC to Miami, FL	Y	Y	Spouse	Y - 2 days
Economic Policy Institute	3/4-3/6	Wash., DC to San Diego, CA to Tijuana, Mexico to San Diego, CA to Wash., DC	Y	Y	N	N
Economic Strategy Institute	4/15-4/17	Wash., DC to Tucson, AZ to Nogales, Mexico to Tucson, AZ to Wash., DC	Y	Y	N	N
Brown University	4/25-4/26	St. Louis, MO to Providence, RI	Y	Y	N	N
Boeing Corporation	6/3	Seattle, WA to Everett, WA	N	N	N	N
McCaw Cellular	6/3	Everett, WA to Seattle, WA	N	N	N	N
Big Horn Mountain Foundation	6/5-6/6	Los Angeles, CA to Jackson Hole, WY to Wash., DC	Y	Y	Spouse	N

Reporting Individual's Name
GEPHARDT, RICHARD A.

ATTACHMENT TO SCHEDULE VII - FACT-FINDING AND SUBSTANTIAL PARTICIPATION TRAVEL

Source	Date(s)	Itinerary	Lodging? (Y/N)	Food? (Y/N)	Family Member Included?	Any time not at sponsor's expense
Democratic Governors Association	10/2	Jackson Hole, WY to Denver, CO	N	N	N	N
US - Japan Conference	10/13-10/14	Wash., DC to Dallas, TX to Wash., D.C.	Y	Y	N	N
Joint Conference Southeast US and Korea	11/8	Wash., DC to Raleigh, NC to Wash., DC	N	N	N	N

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

19 10:21

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MAY 1 1994 MC
(Office Use Only)

PRESTON (PETE) M. GEREN III
(Full Name)

1730 Longworth House Office Building
(Mailing Address)

Washington DC 202/225-5071

Filer Status	[X] Member of the U.S. House of Representatives	State TEXAS District 12	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL

DATE (Month/Day/Year) May 16, 1994

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Name	Page
PRESTON (PETE) M. GEREN III	2 of 33

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	NONE		

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	NONE			

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PRESTON (PETE) M. GEREN III
Name

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	SEE PAGES 9 THRU 27																										

For additional assets and unearned income, use next page.

Name: PRESTON (PETE) M. GEREN III

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	SEE PAGES 28 THRU 31											

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	SEE PAGE 32								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar 2	Wash., D.C —Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	NONE						

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Name	Page 8 of 33
PRESTON M. GEREN III (PETE)	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
SEE PAGE 33	

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NONE	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	.031250 MI IN 5282.9 ACS IN ISAAC SUTTON SURV & PARTS OF VAR SURV INCL J HUGHES & W MURPHY SURV JACK CO TX, COCA COLA LSE #16734 MINERAL ASSETS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B						VALUED AT THREE (3) TIMES THE 1993 INCOME				OIL & GAS INCOME					IV					
	1/3 INTEREST IN 4829 DEXTER, FORT WORTH, TEXAS, RENTAL PROPERTY				C							RENT (GROSS)							III							
	1100 TERRACE, FORT WORTH, TEXAS, RENTAL PROPERTY				C							RENT (GROSS)								IV						
	1409 - 1411 FIFTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY					D						RENT (GROSS)									V					
	1413 - 1415 SEVENTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY				C							RENT (GROSS)									V					
	1421 - 1423 FIFTH AVENUE, FORT WORTH, TEXAS, RENTAL PROPERTY					D						RENT (GROSS)									V					
	1723 COLLEGE, FORT WORTH, TEXAS, RENTAL PROPERTY				C							RENT (GROSS)								IV						
	27% INTEREST IN 5000-5004 BIRCHMAN, FORT WORTH, RENTAL PROPERTY				C							RENT (GROSS)								IV						
	3224 GORDON, FORT WORTH, TEXAS, RENTAL PROPERTY				C							RENT (GROSS)									V					
	3918 MODLIN, FORT WORTH, TEXAS, RENTAL PROPERTY					D						RENT (GROSS)									V					

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	ABBOTT LABS COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B							DIVIDEND							II								S
	ALABAMA ST DTD 04/15/83 8.10% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE											INTEREST	CAPITAL GAIN						IV IV						S
	ALCO STD CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D						DIVIDEND							II								
	ALLIED-SIGNAL INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	AMERICAN HOME PRODS CORP COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND			CAPITAL GAIN					III III							S
	AMERICAN INTL GROUP INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D						DIVIDEND			CAPITAL GAIN		I		II								S
	AMERICAN TEL & TELEG CO. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	AMGEN CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE														NONE										S
	ANHEUSER BUSCH COS. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	ART AND ANTIQUE INVESTMENT						E									NONE										
	AUTOZONE INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										P
	BAINBRIDGE TAX EXEMPT PORTFOLIO MONEY MARKET FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)							F					INTEREST								V					
S	BANK ONE IRA, DALLAS, TEXAS (CERTIFICATES OF DEPOSIT)			B												NONE										
	BANKAMERICA CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE												CAPITAL GAIN					III							S
DC	BOWIE CITY, TEXAS, REGISTERED BOND ZERO COUPON MATURING 2/1/2000 BOND				C											NONE										
	BROWN-LUPTON, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS			B						VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)				III							

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
DC	BRYAN, TEXAS, GENERAL OBLIGATION ZERO COUPON MATURING 2/15/2003 BOND			B									INTEREST					II								
DC	BRYAN, TEXAS, REGISTERED BOND 6.0% MATURING 7/1/2006 BOND			B									INTEREST					II								
	CBS INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND						I									
	CHEMICAL BANKING CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE									DIVIDEND			CAPITAL GAIN				II		IV						S
	CHICAGO ILL PUB BLDG COMM BLDG REV RFDG MBIA SER 05/13/1993 A DATED 04/01/1993 4.20% DUE 12/01/1997 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D								INTEREST						III							P
	COCA COLA WAREHOUSE 12.500% INTEREST OWNED UNDIVIDED INTEREST IN 4920 NORTHWEST PKWY, FORT WORTH, TEXAS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E						RENT (GROSS)							III							
	COCA-COLA, OIL & GAS ROYALTY INTEREST, JACK COUNTY, TEXAS				C					VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)					V					
	COMPUTER INPUT SERVICES STOCK			B												NONE										

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	COMSAT CORP COM SER 1 COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B							DIVIDEND						I									P
	CONNECTICUT ST HGS FIN AUTH DTD 09/01/82 10.50% 11/15/1993 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C								INTEREST	CAPITAL GAIN				II		IV						S
	COOPER TIRE & RUBBER COMPANY COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B							DIVIDEND						I									P
	CORPUS CHRISTI TEX ISD 6.30% 08/15/2001 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E							INTEREST								V					
	CSX CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	D & W SPECIAL FUND - INTEREST IN BUSINESS & PARTNERSHIPS, c/o DUDLEY & COMPANY, NEW YORK, NY					D				NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93						NONE										
	DALLAS TEX WTRWKS & SAN SWR SYS REV DTD 04/01/81 9.50% 04/01/1993/1991 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE											INTEREST						III							S
DC	DICKINSON, TEXAS ISD 5.0% MATURING 08/15/2002 BOND			B												NONE										P

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$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE A B C D E F G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE I II III IV V VI VII VIII IX	BLOCK D TRANSACTION
	DILLARD DEPT STORES CL A COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	B		DIVIDEND					I	
	DISNEY WALT CO COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	D					CAPITAL GAIN		V	S
				DIVIDEND					II	
	DIXON 1-6, WORKING INTEREST, COCHRAN COUNTY, TEXAS	B	VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS W.I. (GROSS)	IV	
	ESTACADO PETROLEUM, INC. STOCK	B							NONE	
	FEDERAL HOME LOAN MORTGAGE COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	C		DIVIDEND					II	
	FEDERAL NATIONAL MORTGAGE ASSN COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	D		DIVIDEND					III	
DC	FIDELITY INVESTMENT GROWTH & INCOME PORTFOLIO MUTUAL FUND	B		DIVIDEND					I	
	FRANKLIN RES INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	C		DIVIDEND					I	P

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	FWC PARTNERS				C					NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93					PARTNERSHIP					IV						
	GENERAL ELEC CO COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND								III							
	GENERAL MLS INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND								III							
	GENERAL MTRS CORP CL E COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND			CAPITAL GAIN				IIV		IV						S
	GLAXO HLDGS PLC SPONSORED ADR COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND			CAPITAL GAIN				II	III							S
	GOODYEAR TIRE & RUBBER COMPANY COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	GREAT LAKES CHEM CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND						I									

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S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	HAWKINS, OIL & GAS ROYALTY INTEREST, WOOD COUNTY, TEXAS			B						VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)			II							
	HEALTHSOUTH REHAB CP STOCK			B												NONE										
	HEWLETT PACKARD CO. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND						I									
	HOME DEPOT INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B							DIVIDEND						I									
	HONEYWELL INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE									DIVIDEND						I									S
	HUB HILL #1, ROYALTY INTEREST, JACK COUNTY, TEXAS			B												NONE										
	INTEL CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND						I									P
DC	IRVING, TEXAS, FLOOD CONTROL DISTRICT 3, ZERO COUPON MATURING 9/1/2005 STOCK				C											NONE										
	JACKSONVILLE FLA ELEC AUTH REV ST JOHS RIV PWR PK SYS DTD 05/01/83 8.50% 10/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A. -TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE												CAPITAL GAIN				III								S

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	JESSIE PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 40% INTEREST IN PARTNERSHIP				C					NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93					PARTNERSHIP							VI				
													INTEREST					II								
	JOHNSON & JOHNSON COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND			CAPITAL GAIN					III		V					S
	JOHNSON CNTY KANS UNI SCH DIST DTD 11/15/1992 5.1% DUE 9/1/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST							IV						
	KING & KNOHOMISH CNTYS WASHDTD 3/1/92 6% 12/01/2002 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST								V					
	LAGNIAPPE OIL PARTNERS, OIL & GAS INVESTMENTS, FORT WORTH, TEXAS, 23.5% INTEREST IN PARTNERSHIP				C					NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93			INTEREST		PARTNERSHIP			II					VII			
	LAYDEN "A", OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS		A							VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)		I									
	LGS GODLEY RANCH, GODLEY, TEXAS STOCK				C											NONE										

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	LGS-GODLEY RANCH CO. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D										NONE										
	LONG TERM MUNICIPAL BOND FUND (SEE MUNICIPAL BOND FUND - NAME CHANGE)	NONE														NONE										
	LOUISIANA PAC CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE									DIVIDEND			CAPITAL GAIN				II			V					S
	LOUISIANA STATE DTD 09/01/78 5.20% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D							INTEREST							IV						P
	MADDOG, INC. - 1/3 INTEREST IN BUILDING AT 1222 WSW LOOP 323 IN TYLER, TEXAS. RENTAL PROPERTY SINCE MAY, 1991.	NONE														NONE										
	MADDOG, INC. - MAKER - NOTES RECEIVABLE							F		GREATEST VALUE DURING THE CALENDAR YEAR						NONE										
	MANSFIELD JOINT VENTURE, 2 ACRES, TARRANT COUNTY, TEXAS, 7.89% INTEREST IN PARTNERSHIP					D				NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93						NONE										
	MAPLE MELBORN JOINT VENTURE, 3700 MAPLE AVENUE, DALLAS, TEXAS, 12.50% IN PARTNERSHIP			B						NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93						NONE										

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	MC LESTER, OIL & GAS ROYALTY INTEREST, REEVES COUNTY, TEXAS		A							VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)			II							
	MELLON BANK CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE									DIVIDEND			CAPITAL GAIN				II		IV						S
	MICROSOFT CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B												NONE										
	MOBIL CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND								III							
	MORTON INTL INC IND COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND						I									P
	MOTOROLA INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND							II								
	MUNICIPAL BOND FUND (FORMERLY KNOWN LONG TERM MUNICIPAL BOND FUND) COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST								V					

U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993
SCHEDULE III - ASSETS AND "UNEARNED INCOME"

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	NORTH SLOPE BORO ALASKA DTD 02/10/83 9.50% 02/10/1993 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE											INTEREST							IV						S
	NORTH TEX MUN WTR DIST TEX WTRWKS REV DTD 06/01/81 10.00% 09/01/1995 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D							INTEREST							IV	V					
	NUCOR CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND						I									P
	ORACLE SYSTEMS CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										P
	OREGON ST VET WELFARE LXIII N/C DTD 07/01/80 7.50% DUE 01/01/97 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D							INTEREST							IV						
	ORLANDO FLA UTILS DTD 12/01/1992 5% DUE 10/01/1999 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					E							INTEREST							IV						
	OVERTON BANCSHARES, INC. STOCK						F				DIVIDEND									IV						
	OVERTON BANK & TRUST MONEY MARKET ACCOUNT				C								INTEREST					II								
S	OVERTON BANK & TRUST SAVINGS ACCOUNT			B									INTEREST				I									

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
DC	OVERTON BANK & TRUST SAVINGS ACCOUNT		A										INTEREST				I									
	OVERTON BANK & TRUST SAVINGS ACCOUNT (ACCOUNT OPENED IN 1993)			B									INTEREST				I									
	OWENSBORO KY ELEC LT & PWR RV DT 08/01/78 6.30% 01/01/1995 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D							INTEREST							IV						
	PAINE WEBBER GROUP INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	PEPSICO INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	PERSONAL REAL ESTATE FUND COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C							RENT (GROSS)						III								
	PETE GEREN FOR CONGRESS - NOTES RECEIVABLE							F		GREATEST VALUE DURING THE CALENDAR YEAR						NONE										
DC	PHILADELPHIA, PA, MUNI AUTHORITY BUILDING LEASE RENTAL, ZERO COUPON MATURING 3/15/2008 BOND				C											NONE										
	PHILIP MORRIS COS INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND			CAPITAL GAIN						IV		V				S

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	PIONEER STOR & LOK - FT WORTH, LTD 12.5% INTEREST OWNED 8717 WEST FREEWAY, FORT WORTH, TEXAS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C							RENT (GROSS)							III							
	PORT SEATTLE WASH REV DATED 02/01/1993 4.6% DUE 11/01/1998 MUNICIPAL BOND (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST							IV						P
	PRUDENTIAL COMMAND MONEY FUND STOCK			B							DIVIDEND						I									
	PRUDENTIAL IRA (PRUDENTIAL MONEYMART ASSETS)		A								DIVIDEND						I									
	PRUDENTIAL IRA (PRUDENTIAL UTILITY FUND CLASS A)				C						DIVIDEND								III							
	RAMON DELGADO - NOTES RECEIVABLE				C					GREATEST VALUE DURING THE CALENDAR YEAR			INTEREST							IV						
	ROSS, OIL & GAS ROYALTY INTEREST, UPTON COUNTY, TEXAS			B						VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)		II								
	RT. 1 BOX 338, CHAPMAN CT., ALEDO, PARKER COUNTY, TEXAS, PLUS ADJOINING 30.76 ACRES						E					RENT (GROSS)									V					
	S.E.BUCKSHOT #1 PROSPECT (FROST), INVESTMENT IN OIL & GAS PROPERTY IN COCHRAN, TEXAS, 3% INTEREST			B											OIL & GAS W.I. (GROSS)					IV						

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	SAN ANTONIO TEX ELEC & GAS REV DTD 02/01/79 6.00% 02/01/2003 MUNICIPAL BONDS (NATIONS BANK, FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	NONE											INTEREST	CAPITAL GAIN							V	VI				S
	SARASOTA CNTY FLA DTD 9/1/90 6.90% 7/1/98 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST								V					
	SCHERING PLOUGH CORP COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D					DIVIDEND								III							
	SCHLUMBERGER LTD COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	SELF-SECURED MINI STORAGE - GARLAND, TEXAS, 14.53% INTEREST IN PARTNERSHIP OF WAREHOUSES					D				NET BOOK VALUE IS CAPITAL ACCOUNT 12/31/93					PARTNERSHIP					IV						
	SEWELL "40" #1, OIL & GAS INTEREST, JACK COUNTY, TEXAS		A							VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS W.I. (GROSS)		I									
	SITE 1R BK 2 GREAT SW IND PARK G.S.C. MARK IV, FORT WORTH, TARRANT COUNTY, TEXAS, 12.50% AT 2501 GREAT SW PARKWAY 2.063 ACS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										P

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	SOUTHWEST AIRLS CO. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D						DIVIDEND						I									
	SUPERIOR, OIL & GAS ROYALTY INTEREST, MARTIN COUNTY, TEXAS		A							VALUED AT THREE (3) TIMES THE 1993 INCOME					OIL & GAS R.I. (GROSS)		I									
	SYBASE INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										P
	TANDY CORP. STOCK			B							DIVIDEND						I									
DC	TARRANT COUNTY, TEXAS, MFC SFM REVENUE-A MBIA-RYAN MORTGAGE CO.-C/I 9.625% REGD-DATED 4/1/1985 XORD CALL MATURES 3/15/1997 BOND			B												NONE										
	TELEFONO DE MEXICO S A SPONSORED ADR REPSTG L'AD COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								S
	TELEFONOS DE CHILE SPONSORED ADR COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								P
	TEMPLE TEXAS INDEPENDENT SCHOOL DISTRICT RFDG DATED 08/01/1993 4.6% DUE 02/01/2001 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D												NONE										P

$ DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	TEXAS MUNICIPAL BOND FUND (FORMERLY KNOWN AS NCNB INTERMEDIATE TAX EXEMPT FUND - NAME CHANGE 5/12/92) COMMON TRUST FUNDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)								G				INTEREST									VI				
DC	TEXAS MUNICIPAL POWER AGENCY REVENUE, SERIES 20, ZERO COUPON MATURING 9/1/1995 STOCK			B												NONE										
	TEXAS ST DTD 6/1/90 6.60% 10/1/97 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST								V					
	TEXAS UTILITIES CO. STOCK			B							DIVIDEND						I									
	THERMO ELECTRON CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										
	TOYS R US COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C											NONE										P
	TRANSAMERICA GROWTH & INCOME FUND/COMMERCE INCOME STOCK			B							DIVIDEND						I									
	TRINITY RIVER AUTHORITY TEXAS TEN MILE CREEK SYS REV DATED 12/01/1992 5.25% DUE 08/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D										NONE										P

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	TROY ALA INDL DEV BRD REV AKWELL INDS INC PROJ DTD 05/01/80 8.75% 07/01/1994 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)			B									INTEREST	CAPITAL GAIN				II III								S
	UST INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							II								
	VIRGINIA BEACH VA RFDG DATED 04/15/1993 3.70% DUE 07/15/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D											NONE										P
	WAL MART STORES INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				D						DIVIDEND							II								
	WASHINGTON SUBW SANIT DIST MD DATED 11/01/1993 4.5% DUE 06/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				E											NONE										P
	WHEELABRATOR TECHNOLOGIES INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							I								
	WHIRLPOOL CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)				C						DIVIDEND							I								P

S DC JT	BLOCK A ASSET AND/OR INCOME SOURCE	NONE	A	B	C	D	E	F	G	EXPLANATION OF ALTERNATIVE VALUATION	DIVIDEND	RENT	INTEREST	CAPITAL GAINS	OTHER INCOME	NONE	I	II	III	IV	V	VI	VII	VIII	IX	BLOCK D TRANSACTION
	WISCONSIN ST VET MTG REV DTD 05/01/80 8.75% 07/01/1994 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)					D							INTEREST							IV						
	YSLETA TX ISD DTD 11/01/1992 5.1% DUE 8/15/1999 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)						E						INTEREST							IV						

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE (Mo/Day/Yr)	A	B	C	D	E	F	G	H
	ABBOTT LABS COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93		B						
	ALABAMA ST DTD 04/15/83 8.10% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/01/93					E			
	AMERICAN HOME PRODS CORP COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93		B						
	AMERICAN INTL GROUP INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		09/03/93	A							
	AMGEN CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		10/25/93		B						
	AUTOZONE INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93			C					
	BANKAMERICA CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		01/22/93			C					
	CHEMICAL BANKING CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/28/93			C					
	CHICAGO ILL PUB BLDG COMM BLDG REV RFDG MBIA SER 05/13/1993 A DATED 04/01/1993 4.20% DUE 12/01/1997 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/13/93				D				
	COMSAT CORP COM SER 1 COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/22/93			C					
	CONNECTICUT ST HGS FIN AUTH DTD 09/01/82 10.50% 11/15/1993 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		01/29/93		B						
	CONNECTICUT ST HGS FIN AUTH DTD 09/01/82 10.50% 11/15/1993 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		03/22/93			C					
	COOPER TIRE & RUBBER COMPANY COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93			C					
	DALLAS TEX WTRWKS & SAN SWR SYS REV DTD 04/01/81 9.50% 04/01/1993/1991 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/01/93			C					
DC	DICKINSON, TEXAS ISD 5.0% MATURING 08/15/2002 BOND	P			10/20/93			C					

$ DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE (Mo/Day/Yr)	A	B	C	D	E	F	G	H
	DISNEY WALT CO COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/27/93		B						
	FRANKLIN RES INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			01/25/93			C					
	GENERAL MTRS CORP CL E COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93		B						
	GLAXO HLDGS PLC SPONSORED ADR COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/27/93		B						
	HONEYWELL INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/27/93			C					
	INTEL CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/14/93		B						
	JACKSONVILLE FLA ELEC AUTH REV ST JONS RIV PWR PK SYS DTD 05/01/83 8.50% 10/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		10/01/93				D				
	JOHNSON & JOHNSON COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93		B						
	LOUISIANA PAC CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		11/17/93			C					
	LOUISIANA STATE DTD 09/01/78 5.20% 09/01/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93		B						
	MELLON BANK CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		07/08/93			C					
	MORTON INTL INC IND COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/08/93			C					
	NORTH SLOPE BORO ALASKA DTD 02/10/83 9.50% 02/10/1993 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		02/10/93				D				
	NUCOR CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93			C					
	ORACLE SYSTEMS CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93			C					
	PHILIP MORRIS COS INC COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93		B						

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE (Mo/Day/Yr)	A	B	C	D	E	F	G	H
	PORT SEATTLE WASH REV DATED 02/01/1993 4.6% DUE 11/01/1998 MUNICIPAL BOND (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			03/02/93					E			
	SAN ANTONIO TEX ELEC & GAS REV DTD 02/01/79 6.00% 02/01/2003 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		08/02/93					E			
	SITE 1R BK 2 GREAT SW IND PARK G.S.C. MARK IV, FORT WORTH, TARRANT COUNTY, TEXAS, 12.50% AT 2501 GREAT SW PARKWAY 2.063 ACS REAL ESTATE (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			06/24/93			C					
	SYBASE INC. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/08/93		B						
	TELEFONO DE MEXICO S A SPONSORED ADR REPSTG L'AD COMMON STOCK - FOREIGN (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		04/26/93			C					
	TELEFONOS DE CHILE SPONSORED ADR COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/28/93			C					
	TEMPLE TEXAS INDEPENDENT SCHOOL DISTRICT RFDG DATED 08/01/1993 4.6% DUE 02/01/2001 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			08/26/93				D				
	TOYS R US COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			04/27/93			C					
	TRINITY RIVER AUTHORITY TEXAS TEN MILE CREEK SYS REV DATED 12/01/1992 5.25% DUE 08/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			01/21/93				D				
	TROY ALA INDL DEV BRD REV AKWELL INDS INC PROJ DTD 05/01/80 8.75% 07/01/1994 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)		S		10/01/93		B						
	VIRGINIA BEACH VA RFDG DATED 04/15/1993 3.70% DUE 07/15/1996 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			05/04/93				D				
	WASHINGTON SUBN SANIT DIST MD DATED 11/01/1993 4.5% DUE 06/01/2000 MUNICIPAL BONDS (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			11/30/93					E			

U.S. HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993
SCHEDULE IV - TRANSACTIONS

S DC JT	IDENTIFICATION OF ASSETS	PURCHASE	SALE	EXCHANGE	DATE (Mo/Day/Yr)	A	B	C	D	E	F	G	H
--	WHIRLPOOL CORP. COMMON STOCK - DOMESTIC (NATIONS BANK,FORT WORTH,N.A.-TRUSTEE U/W OF SHIRLEY L.HOLMES)	P			07/08/93			C					

S,DC,JT	CREDITOR	TYPE OF LIABILITY	A	B	C	D	E	F	G	H
	BANK ONE, N.A., FORT WORTH, TEXAS	MORTGAGE ON 5000 - 5004 BIRCHMAN, FORT WORTH			C					
	BOBBY O'NEAL, JOSHUA, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS	A							
	DR. WAI HONG YIM, SAN FRANCISCO, CALIFORNIA	MORTGAGE ON 3224 GORDON, FORT WORTH, TEXAS		B						
	FOSTER MORTGAGE CORPORATION, FORT WORTH, TEXAS, TRANSFERRED TO NATIONSBANC MORTGAGE CORPORATION, DALLAS, TEXAS 11/30/93	MORTGAGES ON 1409/1411 FIFTH AVENUE, 1421/1423 FIFTH AVENUE, AND 1413/1415 SEVENTH AVENUE, FORT WORTH, TEXAS					E			
	IRA BUTLER, JR. TRUSTEE, FORT WORTH	MORTGAGE ON 3918 MODLIN, FORT WORTH, TEXAS		B						
	LOUISE RUSSELL, SHREVEPORT, LOUISIANA	MORTGAGE ON 1100 TERRACE, FORT WORTH, TEXAS		B						
	NATIONAL MORTGAGE CORPORATION DENVER, COLORADO	MORTGAGE ON RT. 1, BOX 33B, CHAPMAN COURT, ALEDO, TEXAS			C					
	PETER SCHWARTZ, JOHN'S ISLAND, SOUTH CAROLINA	MORTGAGE ON 30.76 ACRES ADJOINING RT. 1, BOX 33B, ALEDO, TEXAS		B						
	WALLY CLOSNER, FORT WORTH, TEXAS	MORTGAGE ON 1723 COLLEGE AVENUE, FORT WORTH, TEXAS			C					

POSITIONS	NAME OF ORGANIZATION
MANAGING PARTNER	4829 DEXTER JOINT VENTURE
PARTNER	D & W SPECIAL FUND
MANAGING PARTNER	ESTACADO EXPLORATION 1982-1, LTD.
VICE-PRESIDENT & DIRECTOR	ESTACADO PETROLEUM, INC.
PARTNER	FWC PARTNERS
MANAGING PARTNER	JESSIE PARTNERS
MANAGING PARTNER	LAGHIAPPE OIL PARTNERS
VICE-PRESIDENT/TREASURER	LGS-GODLEY RANCH CO., INC.
PRESIDENT/VICE-PRESIDENT/SECRETARY/TREASURER	MADDOG, INC.
PARTNER	MANSFIELD JOINT VENTURE
PARTNER	MAPLE-WELBORN JOINT VENTURE
JOINT INTEREST OWNER	MEADOWMERE JOINT VENTURE (5000-5004 BIRCHMAN, FORT WORTH, TEXAS)
PARTNER	SELF-SECURED MINI-STORAGE, GARLAND
BOARD OF VISITORS	UNIVERSITY OF TEXAS LAW SCHOOL
MANAGING PARTNER	WILBUR PARTNERS

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

21

Sam M. Gibbons
(Full Name)

2204 Rayburn House Office Building
(Mailing Address)

Washington, D. C. 20515

202/225-3376

5

Filer Status	[X] Member of the U.S. House of Representatives	State Florida District 11	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Sam M. Gibbons

DATE (Month/Day/Year) April 21st '94

1892

Name	Sam M. Gibbons	Page 2 of 5

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	State of Florida	Legislative Pension	$2,182.26

For payments to charity in lieu of honoraria, use Schedule II.

Name	Sam M. Gibbons	Page 3 of 5

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples:	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	International Electronics Manufacturers and Consumers of America, Washington, D. C.	Speech	Jan. 27, 1993	$2,000
	Washington Tax Seminars, Washington, D. C.	Speech	Feb. 4, 1993	$1,000
	International Committee of the American Insurance Association, Washington, D. C.	Speech	Feb. 23, 1993	$2,000
	Magazine Publishers Association, Washington, D. C.	Speech	May 18, 1993	$500
	Toy Manufacturers of America, Washington, D. C.	Speech	Sept. 13, 1993	$2,000
	Manufacturers' Alliance for Productivity and Innovation, Inc., Washington, D. C.	Speech	Oct. 16, 1993	$1,000

This page may be copied if more space is required.

Name Sam M. Gibbons

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Home-2300 N. Gulf Blvd., Unit 2A Belleair Beach, FL						X					X										X					
"	Stock-Stewart Title, Tampa, FL			X							X						X										
"	House of Representatives Fed. Credit Union Accounts, Washington, D. C.			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	Receive small pension (reported under earned income) from the State of Florida because of my ten years in the Florida State Legislature (1952-1962).	

GPO 1994 - 75 684 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 AM 10: 14
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

3

Wayne T. Gilchrest
(Full Name)

PO Box 84 (Route 448)
Kennedyville, Md., 21645
(Mailing Address)

410-348-2018
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State Maryland District First	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A $200 penalty shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Wayne T. Gilchrest

DATE (Month/Day/Year): May 12, 1994

Name	Wayne T. Gilchrest	Page 2 of 3

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Video King, Inc.	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Wayne T. Gilchrest

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
DC	123 Main St., Dover, Del.							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Peoples Bank of Kent County			X									X						X								
S	Peoples Bank of Kent County			X									X					X									
JT	Federal Employees Credit Union			X									X					X									
JT	Certificates of Deposit			X									X						X								

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
OFFICE OF RECORDS
1994 MAY 12 PM 12: 10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
HAND DELIVERED MC
(Office Use Only)

11

1400

Paul E. Gillmor
(Full Name)

7750 No. Co. Rd. 51, Box 123
(Mailing Address)

Old Fort, Ohio 44861

Daytime Telephone 202-225-6405

Filer Status	[X] Member of the U.S. House of Representatives	State Ohio District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X] No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X] No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X] No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X] No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Paul E. Gillmor

DATE (Month/Day/Year) May 6, 1994

Name	Page
Paul E. Gillmor	1 of 10

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$8,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Ohio Senate	Spouse salary	N/A
	Ohio State University Hospitals	Spouse-Payment of benefits after leaving position in Dec. 1992	N/A
	Public Employees Retirement System of Ohio	Pension	$34,865
	United Telephone of Ohio	Spouse Speech	250

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Non Prescription Drug Manufacturers Assn.	Speech	May 3, 1993	$ 500.00
Independent Insurance Agents of Ohio	Speech	Oct. 20, 1993	2,000.00
National Cable Television Assn.	Speech	June 8, 1993	1,500.00
Tobacco Institute	Speech	Jan. 14, 1993	2,000.00
National Assn. of Independent Insurers	Speech	Feb. 16, 1993	500.00
Edison Electric Institute	Speech	April 6, 1993	300.00

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Name Paul E. Gillmor

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: Transaction P, S, E
SP, DC, JT	Examples: SP — Mega Corp Stock				X						X								X								P
	Examples: 123 Main St., Dover, Del							X				X										X					
	Examples: 1st Bank of Peoria, IL accounts					X							X							X							
	Twentieth Century Select Fund					X					X			X								X					
	Rollins Environmental Services						X				X									X							
	Rollins Truck Leasing							X			X			X									X				S
	Max & Erma's Restaurants				X												X										
	Price New Horizons Fund					X					X			X								X					
	Progressive Corp				X						X							X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Matlack, Inc.				X									X								X					S
	Cooker Restaurants				X						X							X									
	Dealers Alliance Corp-Stock						X				X									X							
	Dealers Alliance Corp-Debenture					X							X									X					
	Old Fort Banking Co.									X	X										X						
	Paul M. Gillmor Co.							X			X								X								
	Thermocolor Corp			X													X										
	Bayshore Leasing			X													X										
	Accuere Images		X														X										
	Old Fort Bank-Checking, Savings			X									X						X								
	Chas. Schwab Co. Account				X								X						X								
	Federal Credit Union			X									X					X									
	Old Fort Bank-IRA				X							N/A															
	Thermocolor Corp-Note			X													X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Household Bank-Account			X									X					X									
JT	National City Bank-Account		X										X					X									
	Part interest: 148 Wilbur Columbus, Ohio				X							X								X							
	Part interest: 225 W. Third St, Columbus, Ohio				X							X									X						
	Solar Cells, Inc.			X													X										
SP	AM International		X														X										
SP	American General			X							X								X								
SP	Northwest Natural Gas			X							X								X								
SP	Southwest Gas			X							X							X									
SP	T. Rowe Price Reserve Mutual Fund deferred comp			X								N/A															P
SP	Gulf Liquidating Trust	X												X				X									
SP	Ohio Public Employees Deferred Compensation Program			X								N/A															
SP	Dealers Alliance Corp-Debenture			X									X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Paul E. Gillmor

	Source	BLOCK B Year-End Value of Asset							BLOCK C Type of Income				BLOCK D Amount of Income									BLOCK E Transaction
			A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST		None	I $201 - $1,000	II $1,001 - $2,500	III $2,501 - $5,000	IV $5,001 - $15,000	V $15,001 - $50,000	VI $50,001 - $100,000	VII $100,001 - $1,000,000	VIII $1,000,001 - $5,000,000	IX Over $5,000,000	P, S, E
SP	Household Bank-Account			X								X				X								
	Merrill Lynch Account	X										X				X								
	Templeton Emerging Markets	X								X			X						X					S
	Merrill Lynch Investment Trust	X										X					X							S
	Republic Oil	X														X								S

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SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	Rollins Truck Leasing		X		3-2-93	X						
	Merrill Lynch Investment Trust		X		2-12-93	X						
	Rollins Truck Leasing		X		3-18-93	X						
	Matlack, Inc		X		9-1-93	X						
	Rollins Truck Leasing		X		9-1-93		X					
	Templeton Emerging Markets		X		9-23-93	X						
	Templeton Emerging Markets		X		11-8-93	X						
	Cooker Restaurants	X			12-22-93	X						
	Cooker Restaurants	X			12-31-93	X						
SP	T Rowe Price Prime Reserve - deferred comp	X			various	X						

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Name Paul E. Gillmor | Page 8 of 10

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 and over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Perpetual Federal, Urbana, Ohio	Mortgage on: 225 W. Third Columbus, Ohio	X						
	Perpetual Federal, Urbana, Ohio	Mortgage on: 148 Wilbur Columbus, Ohio	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totaling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child dunng the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar 2	Wash., D.C.—Chicago—Wash., D.C	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
Tobacco Institute	Jan. 13-16	Columbus, Ohio-LaQuinta Calif-Columbus, Ohio	Y	Y	Y	N
Ameritech	May 5-6	Columbus, Ohio-N.Y.City-Morristown,NJ-Columbus	Y	Y	Y	N
National Cable Television Association	June 6-9	Columbus, Ohio-San Francisco-Columbus,Ohio	Y	Y	Y	N
UPS	July 10-12	Columbus, Ohio-Niagara, Canada-Columbus, Ohio	Y	Y	Y	N
Federation of Turkish American Associations	Aug. 14-23	Columbus, Ohio-Turkey-Columbus, Ohio	Y	Y	Y	1 Day
Far East Studies Institute	Dec. 2-17	Wash,D.C.-China,Burma, Thailand-Columbus, Ohio	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director	Dealers Alliance Corp
Director	Old Fort Banking Co.
Director	Thermocolor Corporation

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
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OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES
(Office Use Only)

9

Benjamin A. Gilman
(Full Name)

2185 Rayburn HOB
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone: 202 225 3776

Filer Status	[x] Member of the U.S. House of Representatives	State New York District 20th	[ ] Officer or Employee	Employing Office	
Report Type	[x] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [x]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [x]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [x]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [x]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [x]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [x]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [x]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [x]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [x]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [x]	No [ ]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL Benjamin A. Gilman

DATE (Month/Day/Year) May 12, 1994

Name	Page 2 of 9
Benjamin A. Gilman	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	New York State	Pension	$10,518

For payments to charity in lieu of honoraria, use Schedule II.

Name	Page
Benjamin A. Gilman	3 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
SRI International, Arlington, Virginia	Speech	3-19-93	1,000
Carnegie Council on Ethics & INternational Affairs,NYC	Speech	10-25-93	2,000
American International Group, NYC	Speech	4-19-93	2,000

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Name Benjamin A. Gilman

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	WP Congressional Fed. Credit Union US House of Rep., Washington, DC						X						X								X						
	WP Cong. Federal Credit Union, IRA acct. Washington, DC				X						Distribution									X							
	NW Mutual Life Insurance Co. 720 Wast Wisconsin Avenue, Milwaukee, WI				X						annuity										X						
	Warwick Savings Bank, PO Drawer A, Warwick, NY (savings accts)					X							X							X							
	First Federal Savings (CD Acct) 22James Street, Middletown, NY				X								X						X								
	16 Orchard Street, Middletown, NY ½ commercial, ½ residential				X							X									X						

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Benjamin A. Gilman

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction
		A None; B $1 – $1,000; C $1,001 – $15,000; D $15,001 – $50,000; E $50,001 – $100,000; F $100,001 – $250,000; G $250,001 – $500,000; H $500,001 – $1,000,000; Over $1,000,000	DIVIDENDS; RENT; INTEREST; CAPITAL GAINS; EXCEPTED TRUST; QUALIFIED BLIND TRUST	I None; II $1 – $200; III $201 – $1,000; IV $1,001 – $2,500; V $2,501 – $5,000; VI $5,001 – $15,000; VII $15,001 – $50,000; VIII $50,001 – $100,000; IX $100,001 – $1,000,000; Over $1,000,000	P, S, E
	Middletown Savings Bank (savings acct South Street, Middletown,NY	C x	INTEREST x	IV x	
	Chemical Bank (money market acct) Dolson Avenue, Middletown, NY	B x	INTEREST x	II x	

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Name Benjamin A. Gilman

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000+
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	NONE											

This page may be copied if more space is required.

Name	Benjamin A. Gilman	Page 7 of 9

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	NONE								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
NONE		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	Manatos & Manatos, 611 13th ST NW Washington, DC	8/26-28/93	Bangkok, Thailand to Cyprus TO USA	y	y	n	n
	Jewish War Veterans, 1811 R ST Washington, DC	9/2-5/93	New York-Florida-New York	y	y	n	n
	Caribbean Latin-American Action	11/28 to 12/1/93	Florida-New York	y	y	n	n
	King Juan Carlos of Spain Center of New York University, NY,NY	11-24 to 11-27-93	New York-Madrid-Florida	y	y	n	n
	Congressional Institute, Inc. Washington, DC	2/25-27/93	Washington-Princeton, NJ	y	y	n	n
	Greater Miami Chamber of Commerce Miami Congressional Workshop 1601 Biscayne Blvd. Miami, Florida	4/2-4/5/93	Washington-Florida-Wash.	y	y	n	1 day

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Name	Page
Benjamin A. Gilman	9 of 9

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Advisory Board Member	National Service League
Member, Board of Directors	World Hunger Year
Member, Advisory Council	Lamont-Dougherty Geological Observatory
Honorary Board Member	Hudson-Delaware Council of Boy Scouts of America

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	none	

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5: 1

HAND DELIVERED (Office Use Only)

Newt Gingrich
(Full Name)

2428 Rayburn
(Mailing Address)

Washington, DC 20515

Daytime Telephone: 202-225-2800

Filer Status	[X] Member of the U.S. House of Representatives	State GA District 6th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Newt Gingrich

DATE (Month/Day/Year): 5/13/94

1420

Name Newt Gingrich | Page 1 of 9

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	COS Limited Partnership	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name Newt Gingrich | Page 2 of 9

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Old Dominion College	Speech	2/4/93	$2000
John Locke Foundation	Speech	2/22/93	$1000
National Issues Forum/Bergner, Boyette & Bockorny	Speech	3/4/93	$1000
Amway Corp.	Speech	3/6/93	$2000
Bergner, Boyette & Bockorny	Speech	3/15/93	$1000
Corning Executives	Speech	3/31/93	$2000
Petroleum Marketers Association	Speech	5/18/93	$1000
Bd. of Gov. of Nat'l Electrical Manufacturers	Speech	9/8/93	$1000
Council of Growing Companies	Speech	9/23/93	$500
A.B. Laffer and Associates	Speech	10/5/93	$2000
National Broiler Council	Speech	10/7/93	$2000
Evans and Novak Political Forum	Speech	10/13/93	$500
Washington Research Group Annual Meeting	Speech	10/14/93	$2000
Blue Cross/Blue Shield Ann. Gov't Rel't Conf.	Speech	10/26/93	$2000
National Food Processors Association	Speech	11/18/93	$1000
Southern Tech College Winter Graduation	Speech	12/12/93	$100

This page may be copied if more space is required.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14-20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peoria, IL accounts					X							X							X							
	Wright Patman Fed. Cred. Union			X									X					X									
	South Trust Bank (checking)			X									X					X									
	Nations Bank			X									X						X								
	Carrollton Federal (IRA)			X									X						X								
SP	Carrollton Bank (IRA)			X									X						X								
SP	Bank One (checking)			X									X					X									

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Newt Gingrich

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Merrill Lynch (SEP Plan)				X								X					X									
SP	Boeing Company			X							X			O			O	X									S
SP	Alza Corp. Cl A Del			X							X			O			O	X									S
SP	Blockbuster Entertainment Cor.			X							X			O				X		O							S
SP	Morton International Inc.			X							X			O				X	O								S
SP	National Vision Assoc. Ltd.			X							X						X										
SP	US Treasury Notes			X									X						X								
SP	US Treasury Notes			X									X						X								
SP	US Treasury Notes			X									X	O				O	X								S
SP	Merrill Lynch Moniyield Fund			X							X								X								
SP	Payless			X							X			O			O	X									P/S

This page may be copied if more space is required.

SCHEDULE IV — TRANSACTIONS

Name Newt Gingrich

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
SP	US Treasury Notes		X		1-12-93	X						
SP	Alza Corp. Cl A Del		X		3-12-93	X						
SP	Blockbuster Entertainment Corp.		X		3-12-93	X						
SP	Morton International Inc.		X		3-12-93	X						
SP	Boeing Company		X		3-12-93	X						
SP	Payless	X			3-16-93	X						
SP	Payless		X		12-27-93	X						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Please see attached pages							

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SOURCE	DATE(S)	POINT OF DEPARTURE-DESTINATION(S) -POINT OF RETURN	LODGING? (Y/N)	FOOD? (Y/N)	WAS A FAMILY MEMBER INCLUDED?	ANY TIME NOT AT SPONSOR'S EXPENSE?
ABC News	1/10/93	Harrisburg,PA-Washington,DC-Harrisburg,P	N	N	Yes	None
Health South Medical	1/19/93	Atlanta,GA-Birmingham,AL-Washington,DC	N	Y	None	None
Hoke for Congress	1/29/93	Washington,DC-Cleveland,OH-Atlanta,GA	1 Night	Y	Yes	None
Old Dominion University	2/4/93	Washington,DC-Norfolk,VA	1 Night	Y	None	None
Sangamon County Republicans	2/12/93	Atlanta,GA-Springfield,IL-Chicago,IL	N	N	None	None
Bill Baker for Congress	2/12-13/93	Chicago,IL-San Francisco,CA	1 Night	Y	None	None
Riggs for Congress	2/13/93	San Francisco,CA-Guerneville,CA-St Helena,CA-Stockton,CA	N	Y	None	None
Pombo for Congress	2/13-14/93	Stockton,CA-Sacramento,CA-San Francisco,CA-Washington,DC	1 Night	Y	None	None
Hobson for Congress	2/18-19/93	Washington,DC-Columbus,OH-Atlanta,GA	1 Night	Y	None	None
John Locke Foundation	2/22/93	Youngstown,OH-Raleigh,NC-Washington,DC	N	Y	None	None
Congressional Institute	2/25-27/93	Train/Washington,DC Princeton,NJ Washington,DC	2 Nights	Y	Yes	None
Amway	3/6/93	Washington,DC-Atlanta,GA Washington,DC	N	Y	None	None
GOPAC	3/21-22/93	Washington,DC-New York,NY-Washington,DC	1 Night	Y	None	None
Toby Roth for Congress	4/22 23/93	Washington,DC-Green Bay,WI	1 Night	Y	None	None
GOPAC	4/23/93	Green Bay,WI-Oshkosh,WI-Lacrosse,WI	N	N	None	None
Rod Grams for Congress	4/23/93	Lacrosse,WI-Chrystal,MN-Atlanta,GA	N	Y	None	None
GOPAC	4/24/93	Atlanta,GA-Washington,DC	N	N	None	None
Keith Butler	4/29-30/93	Washington,DC-Detroit,MI-Washington,DC	1 Night	Y	None	None
Southern Republican Exchange	5/7/93	Washington,DC-Louisville,KY	N	Y	None	None
GOPAC	5/7/93	Louisville,KY-Dallas,TX-Atlanta,GA	N	Y	None	None
Dan Burton For Congress	5/15-5/16/93	Atlanta,GA-Indianapolis,IN-Atlanta,GA	1 Night	Y	Yes	Yes
GOPAC	5/20-5/21/93	Washington,DC-Boston,MA-Washington,DC	1 Night	Y	Yes	None

NAME: Newt Gingrich | Page 8 of 9

GOPAC	6/4-6/5/93	Atlanta,GA-Richmond,VA-Atlanta,GA	1 Night	Y	None	None
Massachusettes Republican Party	6/10-6/11/93	Washington,DC-Boston,MA	1 Night	Y	None	None
Bill McCollum for Congress	6/11-6/14/93	Boston,MA-Orlando,FL-Washington,DC	3 Nights	Y	Yes	Yes
Larry Hogan for Congress	7/27/93	Travel by Car Washington,DC-Waldorf,MD-Washington,DC	N	Y	None	None
Commonwealth Forum	7/31-8/3/93	Rental Car Washington,DC-Harrisburg,PA-Washington,DC	N	N	None	Yes
Monroe County Republican Party	9/27/93	Atlanta,GA-Rochester,NY-Washington,DC	N	Y	None	None
California Trip-Horn for Congress,	10/9/93	Atlanta,GA-San Diego,CA	Y	Y	None	None
Hunter for Congress, Royce for Congress, Calvert for Cong., Baker for Cong.	10/11/93	Los Angeles,CA-Washington,DC	Y	Y	None	None
United States Information Agency	10/16/93	Atlanta,GA-St.Louis,MO	N	N	None	None
Illinois Trip-Haster for Congress, Manzullo for Congress	10/16-10/17/9	St.Louis,MO-Dupage,IL-Chicago,IL-Washington,DC	Y	Y	Yes	None
Dickey for Congress	11/12/93	Washington,DC-Little Rock,AR-Atlanta,GA	Y	Y	Yes	None
Goodlatte for Congress	12/6/93	Atlanta,GA-Harrisonburg,VA-Washington,DC	N	N	None	None

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
General Chairman	GOPAC
Professor	Kennesaw State College

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	NA	

GPO 1994 75 884 (mac)

Use additional sheets if more space is required.

NEWT GINGRICH
6TH DISTRICT, GEORGIA

REPUBLICAN WHIP

RECEIVED
MAY 27 '94 4:09

1620 LONGWORTH BUILDING
WASHINGTON, DC 20515
202-225-0197

Congress of the United States
House of Representatives
OFFICE OF THE REPUBLICAN WHIP
Washington, DC 20515

May 26, 1994

The Honorable Donnald K. Anderson
H-105, The Capitol
Washington, DC 20515

✓ HC (6)

Dear Donn:

I am writing this letter to notify you that I wish to amend my personal Financial Disclosure Statement for calendar year 1993 as follows:

Previously, I listed under Schedule 3 -- Assets and "Unearned" Income, some stock owned by my spouse as having a year-end value under category B. In fact, that stock was sold and noted in category E. The Boeing Company, Alza Corp. Cl A Del, Blockbuster Entertainment Cor., Morton International Inc., Payless, and the third listed US Treasury Note all have NO year-end value and should be listed as such in category B. All stock was sold and the capital gain/loss noted in the proper category.

In addition, please add to Schedule 7 -- Fact-finding, Substantial Participation, and Other Travel, a trip that was previously approved by the Ethics Committee (letter included). The American Israel Public Affairs Committee paid airfare for me and my spouse on August 14 - 22, 1993 from Atlanta, GA to New York, NY to Tel Aviv, Israel to Jerusalem, Israel to Tel Aviv, Israel, to Jerusalem, Israel to Tel Aviv, Israel to Jerusalem, Israel to Tiberias, Israel to Nazareth, Israel to Jerusalem, Israel to Masada, Israel to Jerusalem, Israel to Tel Aviv, Israel lodging and food were included, and there was no time not at the sponsor's expense. Also, the American Hellenic Institute paid airfare for me and my spouse on August 22 - 29, 1994 from Tel Aviv, Israel to Athens, Greece to Salonika, Greece to Athens, Greece to Delphi, Greece, to Athens, Greece to Rhodes, Greece to Athens, Greece to New York, NY to Atlanta, GA, lodging and food were included, and there was no time not at the sponsor's expense.

Thank you for your attention to this matter. I hope that you will contact me if I can be of any additional assistance to you in this matter.

Sincerely,

Newt

Newt Gingrich

NG:rap
Enclosures

SOURCE	DATE(S)	POINT OF DEPARTURE-DESTINATION(S) -POINT OF RETURN	LODGING? (Y/N)	FOOD? (Y/N)	WAS A FAMILY MEMBER INCLUDED?	ANY TIME NOT AT SPONSOR'S EXPENSE?
ABC News	1/10/93	Harrisburg,PA-Washington,DC-Harrisburg,P	N	N	Yes	None
Health South Medical	1/19/93	Atlanta,GA-Birmingham,AL-Washington,DC	N	Y	None	None
Hoke for Congress	1/29/93	Washington,DC-Cleveland,OH-Atlanta,GA	1 Night	Y	Yes	None
Old Dominion University	2/4/93	Washington,DC-Norfolk,VA	1 Night	Y	None	None
Sangamon County Republicans	2/12/93	Atlanta,GA-Springfield,IL-Chicago,IL	N	N	None	None
Bill Baker for Congress	2/12-13/93	Chicago,IL-San Francisco,CA	1 Night	Y	None	None
Riggs for Congress	2/13/93	San Francisco,CA-Guerneville,CA-St. Helena,CA-Stockton,CA	N	Y	None	None
Pombo for Congress	2/13-14/93	Stockton,CA-Sacramento,CA-San Francisco,CA-Washington,DC	1 Night	Y	None	None
Hobson for Congress	2/18-19/93	Washington,DC-Columbus,OH-Atlanta,GA	1 Night	Y	None	None
John Locke Foundation	2/22/93	Youngstown,OH-Raleigh,NC-Washington,DC	N	Y	None	None
Congressional Institute	2/25-27/93	Train/Washington,DC-Princeton,NJ-Washington,DC	2 Nights	Y	Yes	None
Amway	3/6/93	Washington,DC-Atlanta,GA-Washington,DC	N	Y	None	None
GOPAC	3/21-22/93	Washington,DC-New York,NY-Washington,DC	1 Night	Y	None	None
Toby Roth for Congress	4/22-23/93	Washington,DC-Green Bay,WI	1 Night	Y	None	None
GOPAC	4/23/93	Green Bay,WI-Oshkosh,WI-Lacrosse,WI	N	N	None	None
Rod Grams for Congress	4/23/93	Lacrosse,WI-Chrystal,MN-Atlanta,GA	N	Y	None	None
GOPAC	4/24/93	Atlanta,GA-Washington,DC	N	N	None	None
Keith Butler	4/29-30/93	Washington,DC-Detroit,MI-Washington,DC	1 Night	Y	None	None
Southern Republican Exchange	5/7/93	Washington,DC-Louisville,KY	N	Y	None	None
GOPAC	5/7/93	Louisville,KY-Dallas,TX-Atlanta,GA	N	Y	None	None
Dan Burton For Congress	5/15-5/16/93	Atlanta,GA-Indianapolis,IN-Atlanta,GA	1 Night	Y	Yes	Yes
GOPAC	5/20-5/21/93	Washington,DC-Boston,MA-Washington,DC	1 Night	Y	Yes	None

GOPAC	6/4-6/5/93	Atlanta,GA-Richmond,VA-Atlanta,GA	1 Night	Y	None	None
Massachusettes Republican Party	6/10-6/11/93	Washington,DC-Boston,MA	1 Night	Y	None	None
Bill McCollum for Congress	6/11-6/14/93	Boston,MA-Orlando,FL-Washington,DC	3 Nights	Y	Yes	Yes
Larry Hogan for Congress	7/27/93	Travel by Car Washington,DC-Waldorf,MD-Washington,DC	N	Y	None	None
Commonwealth Forum	7/31-8/3/93	Rental Car Washington,DC-Harrisburg,PA-Washington,DC	N	N	None	Yes
INSERT: American Israel Public Affairs Committee	8/14-8/22/93	Atlanta,GA-New York,NY-Tel Aviv,Israel-Jerusalem,Israel-Tel Aviv,Israel	7 Nigh	Y	Yes	None
INSERT: American Hellenic Institute	8/22-8/29/93	Tel Aviv,Israel-Athens,Greece-New York,N Atlanta,GA	7 Nigh	Y	Yes	None
Monroe County Republican Party	9/27/93	Atlanta,GA-Rochester,NY-Washington,DC	N	Y	None	None
California Trip-Horn for Congress,	10/9/93	Atlanta,GA-San Diego,CA	Y	Y	None	None
Hunter for Congress, Royce for Congress, Calvert for Cong., Baker for Cong.	10/11/93	Los Angeles,CA-Washington,DC	Y	Y	None	None
United States Information Agency	10/16/93	Atlanta,GA-St.Louis,MO	N	N	None	None
Illinois Trip-Hastor for Congress, Manzullo for Congress	10/16-10/17/9	St.Louis,MO-Dupage,IL-Chicago,IL-Washington,DC	Y	Y	Yes	None
Dickey for Congress	11/12/93	Washington,DC-Little Rock,AR-Atlanta,GA	Y	Y	Yes	None
Goodlatte for Congress	12/6/93	Atlanta,GA-Harrisonburg,VA-Washington,DC	N	N	None	None

ONE HUNDRED THIRD CONGRESS
JIM McDERMOTT, WASHINGTON, CHAIRMAN
GEORGE (BUDDY) DARDEN, GEORGIA
BENJAMIN L. CARDIN, MARYLAND
NANCY PELOSI, CALIFORNIA
EWEISI MFUME, MARYLAND
ROBERT A. BORSKI, PENNSYLVANIA
THOMAS C. SAWYER, OHIO

FRED GRANDY, IOWA
NANCY L. JOHNSON, CONNECTICUT
JIM BUNNING, KENTUCKY
JOH L. KYL, ARIZONA
PORTER J. GOSS, FLORIDA
DAVID L. HOBSON, OHIO
STEVEN SCHIFF, NEW MEXICO

BERNARD RAMSO, CHIEF COUNSEL

U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON STANDARDS OF OFFICIAL CONDUCT
SUITE HT-2, THE CAPITOL
WASHINGTON, DC 20515-6328
(202) 225-7103

September 8, 1993

The Honorable Newt Gingrich
Republican Whip
U.S. House of Representatives
1620 Longworth House Office Building
Washington, D.C. 20515

Dear Colleague:

This confirms advice previously provided by Committee counsel in response to your letter of August 10, 1993, regarding the propriety of you and your wife accepting invitations to participate in two fact-finding trips. You explained that the American Israel Public Affairs Committee invited you to visit Israel from August 15-22, 1993, departing from New York on August 14. You were also invited by the American Hellenic Institute to visit Greece, and you will depart Israel for Greece on August 22 and return to New York on August 29.

The Foreign Gifts and Decorations Act (5 U.S.C. § 7432) sets particular restrictions on travel provided by foreign governments and international organizations. It is the responsibility of the traveling Member or employee to determine whether a trip of this kind is sponsored by a foreign government or an international organization. For purposes of this advisory opinion, we assume that the sponsors of these trips are private organizations and that your travel expenses are not subject to the Foreign Gifts and Decorations Act.

House Rule XLIII, clause 4, provides that a Member, officer, or employee of the House may not accept in any calendar year gifts worth more than $250 in total from any source other than a relative. This Committee has recognized an exception to the gift rule permitting Members and employees to accept necessary travel expenses to conduct fact-finding activities. The responsibility rests with you to determine whether a particular event or activity is intended for educational purposes directly related to your official duties. If you determine that it is, House rules would permit you to accept travel expenses from a sponsor directly and immediately associated with the event or location being visited. *See* ETHICS MANUAL FOR MEMBERS, OFFICERS, AND EMPLOYEES OF THE HOUSE OF REPRESENTATIVES, 102d Cong., 2d Sess. 38-40 (1992).

The Ethics Reform Act of 1989 limits the expenses that will normally be deemed necessary for privately paid travel. In the case of foreign travel, you may accept expenses for a maximum of seven consecutive days (excluding travel days), without prior written approval

from the Committee. While you traveled for more than seven days, you participated in consecutive but distinct fact-finding events, sponsored by different organizations. In the situation you have described, the seven-day limit commences with the onset of either travel to, or participation in, a separate, subsequent event.

Accordingly, your travel was consistent with the applicable rules. You may also accept expenses to enable your spouse or one other family member to accompany you on these trips. All travel expenses totalling $250 or more in value from a single source must be reported on your annual Financial Disclosure Statement.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-3787.

Sincerely,

Jim McDermott
Chairman

Fred Grandy
Ranking Minority Member

JS:lrs

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 AM 11:35

(Office Use Only)

12

DANIEL R. GLICKMAN
2371 RAYBURN HOUSE OFFICE BUILDING 202/225-6216
WASHINGTON, D.C. 20515

Filer Status	☒ Member of the U.S. House of Representatives — State KS District 4th	☐ Officer or Employee — Employing Office	
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination — Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒ No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒ No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒ No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒ No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒ No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Daniel R. Glickman — DATE (Month/Day/Year): May 13, 1994

1436

Name	Page
DAN GLICKMAN	2 of 12

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

Source	Type	Amount
Examples: Jefferson University	Approved Teaching Fee	$6,000
State of Maryland	Legislative Pension	$9,000
Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
Fairfax County Board of Education	Spouse Salary	NA
U.S. CONGRESSIONAL ARTS CAUCUS / U.S. HOUSE OF REP.	SPOUSE SALARY	NA

For payments to charity in lieu of honoraria, use Schedule II.

Name DAN GLICKMAN | Page 3 of 12

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
Coffeyville Community College (INSTRUCTED SCHOOL TO GIVE TO IT'S OWN GENERAL FUND)	SPEECH	MAY	$100

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS / DISTRIBUTIONS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Weight-Patman Federal Credit Union			X									X					X									
SP	Weight-Patman FCU - IRA		X														X										
	Ks State Bank & Trust				X								X						X								
	Glickman, Inc. (Family-owned Sub-Chapter-S Corp; own 1/3 of common stock)								X		X		X	X									X				

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAN GLICKMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS / DISTRIBUTIONS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	J.M. GLICKMAN TRUST			X							X		X								X						
	(TRUST ASSETS: WORKING INTEREST IN OIL/GAS LEASES - VARIOUS LOCATIONS IN KS)																										
	GLICKMAN FAMILY TRUST #2		X														X										
	(TRUST ASSETS: CASH, BONDS, AND REAL ESTATE - 600 BLOCK OF SOUTH ST. IN WICHITA, KS)																										
	1/9th INTEREST - [UNDEVELOPED 120 ACRES "MORE OR LESS" IN BUTLER COUNTY, KS NEAR ANDOVER, KS] → GLICKMAN FAMILY ASSOCIATES (GENERAL PARTNERSHIP)			X													X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAN GLICKMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction P, S, E
	IRA - AMERICAN DISCOUNT SECURITIES (WICHITA, KS FIRM)																										
	→ COMPANY'S MONEY MKT ACCT		X										X					X									
	BOEING (STOCK)			X							X							X									P
	LIZ CLAIBORNE (STOCK)			X							X							X									P
	COLEMAN CO (STOCK)			X							X							X									P
	DANIEL R. GLICKMAN (TRUSTEE FOR MILTON GLICKMAN IRREVOCABLE TRUST FOR THE BENEFIT OF DANIEL GLICKMAN) - [CASH → AND MUTUAL FUNDS]			X									X							X							
	↳ SEE NEXT PAGE																										
	DEAN WITTER CASH ACCOUNT																										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name DAN GLICKMAN

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction: P, S, E
	DANIEL GLICKMAN IRREVOCABLE TRUST:																										
	- GUARDIAN PARK AVENUE			X							X			X				X									P
	- BERGER 100			X							X			X				X									P
	- FAM VALUE			X							X			X				X									P
	- DEAN WITTER DIVIDEND GROWTH			X							X			X				X									P
	- DEAN WITTER UTILITIES			X							X			X				X									P
	- STRONG COMMON STOCK			X							X			X				X									P
	- STRONG DISCOVERY			X							X			X				X									P
	- STRONG OPPORTUNITY			X							X			X				X									P
	- 20th CENTURY ULTRA			X							X			X				X									P
	- 20th CENTURY SELECT			X							X			X				X									P
SP	20th CENTURY - LICA			X							X			X				X									P

This page may be copi[illegible] ace is required.

SCHEDULE IV — TRANSACTIONS

Name DAN GLICKMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example. Mega Corporation Common Stock	X			10-12-93		X					
	CONOCO OIL & GAS		X		9/93							
	[OVERRIDING ROYALTY INTEREST had NO VALUE AT TRANSFER]											
	BOEING (STOCK) IRA	X			7/2/93	X						
	LIZ CLAIBORNE (STOCK) IRA	X			10/11/93	X						
	COLEMAN CO (STOCK) IRA	X			10/11/93	X						
	ALZA (STOCK) IRA	X			3/8/93	X						
	ALZA (STOCK) IRA		X		6/9/93	X						
	DEAN WITTER CASH ACCOUNT - GLICKMAN TRUST	X			1/3/93	X						
	GUARDIAN PARK AVENUE - MUT. FUND "	X			3/12/93	X						
	BERGER 100 " " "	X			3/15/93	X						
	FAM VALUE " "	X			3/12/93	X						
	DEAN WITTER DIVIDEND GROWTH " "	X			2/1/93	X						
	DEAN WITTER UTILITIES " "	X			3/16/93	X						
	STRONG COMMON STOCK " "	X			3/12/93	X						
	STRONG DISCOVERY " "	X			3/12/93	X						
	STRONG OPPORTUNITY " "	X			3/12/93	X						
	20th CENTURY ULTRA " "	X			3/15/93	X						

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SCHEDULE IV — TRANSACTIONS

Name DAN GLICKMAN

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
	20th CENTURY SELECT - Mut. FUND - GLICKMAN Trust	X			2/15/93	X						
	MEXICO FUND " "	X			2/16/93	X						
	MEXICO FUND " "		X		5/28/93	X						
	Undivided 1/9th INTEREST IN REAL ESTATE located on MacArthur Rd / K-15 in Wichita, KS (Lots 2, 3 / Block 1 / Sherwood Addition)			X	1/93		X					
	TRADED											
	Undivided 1/9th INTEREST IN UNDEVELOPED 120 ACRES "MORE OR LESS" IN Butler County, KS NEAR Andover, KS. plus CASH ($2,200).			X	1/93		X					
SP	20th CENTURY - IRA	X			4/93	X						
SP	Wright Patman FCU - IRA		X		4/93	X						

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	KANSAS STATE BANK & TRUST (AKA - INTEREST BANK)	PERSONAL LOAN (less than $2,500)							

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
	VARIOUS MEMENTOS/GIFTS VALUED UNDER $100 – (NONE TOTALLING MORE THAN $250 FROM ANY ONE SOURCE)	

Use additional sheets if more space is required.

Name Dan Glickman | Page 11 of 12

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C —Los Angeles—Cleveland	Y	Y	Y	4 Days
	Los Angeles Arts Host Comm. (Mayor Riordan - chair)	11/29 - 12/2	DC - L.A. - DC	Y	Y	Y	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
DIRECTOR	GLICKMAN, INC. (FAMILY BUSINESS)
DIRECTOR	KANSAS ARTHRITIS FOUNDATION
DIRECTOR	SEDGWICK COUNTY, KS. MENTAL HEALTH ASSOCN.
DIRECTOR	INSTITUTE FOR CLINICAL RESEARCH - WICHITA, KS.
DIRECTOR	BIG BROTHER - BIG SISTER OF WICHITA, KS.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	N/A	

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

26 ... 2 04

HENRY B GONZALEZ
(Full Name)

2413 RAYBURN BLDG
(Mailing Address)

202 225 3236
(Daytime Telephone)

WASHINGTON, D.C. 20515 0001

MC
(Office Use Only)

2

Filer Status	☑ Member of the U.S. House of Representatives	State TEXAS District 20TH	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑ No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐ No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐ No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐ No ☑	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐ No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐ No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐ No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐ No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: Henry B. Gonzalez

DATE (Month/Day/Year): 4/25/94

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Name	Page
HENRY B GONZALEZ	2 of 2

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	TEXAS BANK, N.A. PO BX. 2001 SAN ANTONIO, TEX. 78220	INTEREST - SAVINGS	$1,124.85
	CONGRESSIONAL FED. CR. UN. PO. BX 23287 WASH, DC. 20026	" "	$2,100.65

For payments to charity in lieu of honoraria, use Schedule II.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
17 7:36

HENRY B. GONZALEZ
(Full Name)
2413 RAYBURN BLDG.
WASHINGTON, D.C. 20515-2011
Mailing Address
202 225 3236
Daytime Telephone

MC
(Office Use Only)

Filer Status	☑ Member of the U.S. House of Representatives	State TEXAS District 20th	☐ Officer or Employee	Employing Office
Report Type	☑ Annual (May 15)	☑ Amendment	☐ Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☑	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☑
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☐	No ☑	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☐	No ☑	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☐	No ☑
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☐	No ☑	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☑
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☑	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☑
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☑

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Henry B. Gonzalez	**DATE** (Month/Day/Year) 5/16/94

1450

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	TEXAS BANK, N.A. PO BX 20001 SAN ANTONIO, TEX.	SAVINGS ACC INTEREST	$1,124.88
	CONGRESSIONAL FED. CR. UNION PO BX 328 WASH., D.C.		

For payments to charity in lieu of honoraria, use Schedule II.

Name HENRY B GONZALEZ | Page 3 of 3

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	S, P, E
Examples: SP	Mega Corp. Stock				X						X								X								P
Examples:	123 Main St., Dover, Del.							X				X										X					
Examples:	1st Bank of Peoria, IL accounts					X							X							X							
	TEXAS BANK, N.A. PO BX 26001 SAN ANTONIO, TX				X								X							X							
	CONGRESSIONAL FED. CR. UNION PO BX 23281, WASH, DC SAVINGS			X															X								
	CHECKING					X							X							X							

For additional assets and unearned income, use next page.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 1:56
U.S. HOUSE ...

(Office Use Only)

12

ROBERT W. GOODLATTE
Full Name

3725 Dogwood Lane S. W.
Roanoke, VA 24015
Mailing Address

(202)225-5431
Daytime Telephone

Filer Status	[XX] Member of the U.S. House of Representatives	State Virginia District 6th	[ ] Officer or Employee	Employing Office	
Report Type	[XX] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date	

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [XX]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [XX]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [XX]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [XX]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [XX]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [XX]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [XX]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [XX]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [XX]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [XX]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Robert W. Goodlatte

DATE (Month/Day/Year): May 9, 1994

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Bird, Kinder & Huffman, P. C., Roanoke, Virginia	bonus from 1992	3,836.04
	Glenn, Flippin, Feldmann & Darby P. C., Roanoke, Virginia	spouse salary	n/a

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	none			

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Name GOODLATTE, ROBERT W.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
JT	Central Fidelity Bank, Roanoke VA (savings & checking)				X								X							X							
JT	NationsBank, Roanoke, VA (savings)			X									X					XX									
JT	First Union National Bank, Roanoke VA (checking)			X									X					XX									
	Central Fidelity Bank, Roanoke VA (savings)				X								X						X								
	Crestar Bank, Roanoke, VA (IRA)			X									X						X								
SP	Crestar Bank, Roanoke, VA (IRA)			X									X						X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GOODLATTE, ROBERT W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
JT	Greenwood Trust Co., Delaware (savings account)			X									X					X									
	Charter Federal Savings Bank Roanoke, VA (IRA)			X									X					X									
	Connecticut Mutual Life Ins. (life ins. surrender value)			X							X							X									
SP	CAIS - SF&D Coupon (401k)			X													X										
SP	Delaware Group Deleap Fund (401k)			X													X										
SP	Duff & Phelps Utilities Income (401k)			X							X								X								
SP	GT Global Growth Fund (401k)			X							X							X									
SP	Guardian Park Ave. Fund (401k)			X							X								X								
SP	Hanson Plc Spons. ADR (401k)			X							X								X								
SP	Houston Industries Warrants (401k)			X							X								X								
SP	Kroger Co. Bonds (401k)			X									X						X								
SP	Ray Ellison Accept. Corp. GNMA (401k)			X									X						X								
SP	Salem Bank & Trust (401k)			X							X							X									
SP	UGI Corp. 1st Mtgee Bonds (401k)			X									X						X								
SP	USF&G Corp Warrants (401k)			X							X							X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GOODLATTE, ROBERT W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Walmart Stores, Inc. Note (401k)			X									X						X								
SP	Bond Fund of America (401k)			X							X								X								
SP	New Perspective Fund (401k)			X							X							X									P
SP	New York Venture Fund (401k)			X							X							X									P
	Janus Fund (IRA)				X						X							X									
SP	McDonald's Corp. pref stock (IRA)			X							X								X								
SP	Ford Motor Co. stock (IRA)			X							X							X									
SP	Krisch American Inns (IRA)		X								X						XX										
SP	Old Kent Financial Corp (IRA)			X							X							X									
SP	GNMA Gov't Security Fund (IRA)		X								X							X									
SP	Merrill Lynch Global Fond Fund Inv. & Retirement (IRA)			X							X							X									
SP	Merrill Lynch Fund for Tomorrow (IRA)			X							X							X									
SP	Merrill Lynch Nat. Res. Trust (IRA)			X							X							X									
SP	Washington Mut. Invest. Fund			X							X							X									
SP	Merill Lynch Ret. Reserves (IRA)		X										X					X									

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GOODLATTE, ROBERT W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
SP	Nicholas Fund (IRA)			X							X							X									
JT	American Funds & Tax Exempt Bonds-VA			X							X								X								
	Lanns Manus Group (22. West Church Ave, Roanoke); partnership interest				X							X					X										
SP	Glenn, Flippin, Feldmann & Darby stock					X					X						X										
JT	Fund America Investors Corp Coll. Mtg. Obligation			X									X					X									
JT	Virginia Zero Coupon Bonds			X									X						X								
JT	American Funds Tax Exempt			X									X						X								
	AG Edwards Daily Cash Fund (IRA)			X									X					X									
SP	JC Bradford Money Mkt (401k)		X										X						X								
	Polaroid Corp (IRA)			X							X							X									
	Coll. Mort. Oblig. Trust RNMA (IRA)			X									X					X									
	UTS Gov't Sec Income GNMA (IRA)		X										X					X									
	Templeton Foreign Fund (IRA)			X							X							X									
	Coll. Morg. Sec. GNMA (IRA)			X									X					X									
JT	MFS VA Municipal Bond Fund			X									X						X								

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name GOODLATTE, ROBERT W.

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income	BLOCK E Transaction (P, S, E)
DC	Central Fidelity Bank	B: C	Interest	III: $1,001 - $2,500	
JT	T. Rowe Price Int. Stock	B: $1,001 - $15,000	Dividends	II: $201 - $1,000; III: $1,001 - $2,500	
	Investment Co. of America (IRA)	B: $1,001 - $15,000	Dividends	II: $201 - $1,000	

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SCHEDULE IV — TRANSACTIONS

Name GOODLATTE, ROBERT W. | Page 9 of 12

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example Mega Corporation Common Stock	X			10-12-93		X					
SP	New Perspective Fund (401k)	X			12-13-93	X						
SP	New York Venture Fund (401k)	X			12-13-93	X						
	Bird, Kinder & Huffman, P. C. stock		X		1-2-93			X				
	Note from Bird, Kinder & Huffman			X	1-2-93			X				

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Name GOODLATTE, ROBERT W. | Page 10 of 12

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report *revolving charge accounts* only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	None								

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270
None		

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	None						

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Partner	Lanns Manus Group

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

BOB GOODLATTE
6TH DISTRICT, VIRGINIA
218 CANNON HOUSE OFFICE BUILDING
WASHINGTON, DC 20515-6006
202 225-5431

MAY 26 PM 4:09

COMMITTEE ON THE JUDICIARY
COMMITTEE ON AGRICULTURE

HAND DELIVERED

Congress of the United States
House of Representatives

May 25, 1994

The Honorable Donnald K. Anderson
Clerk of the House
H105 Capitol
U.S. House of Representatives
Washington, DC 20515

ML (2)

Dear Mr. Anderson:

Please accept this letter as an amendment of and supplemental information to my financial disclosure statement for calendar year 1993.

This statement is hereby amended as follows:

SCHEDULE IV TRANSACTIONS

	ASSET	PURCHASE	AMOUNT
JT	T Rowe Price International Stock	10/21/91	$1,001 - $15,000
	Investment Co. of America (IRA)	10/11/93	$1,001 - $15,000
SP	RJR Nabisco (401K)	SALE (1/19/93)	$1,001 - $15,000

SCHEDULE V -- LIABILITIES

CREDITOR	TYPE OF LIABILITY	AMOUNT
Crestar Bank Roanoke, VA	Mortgage on 22 West Church Avenue, Roanoke VA (partnership liability of Lanns Manus Group -- liability shared with other partners)	$250,000 - $500,000

If you have any questions regarding these additions to my financial disclosure statement for calendar year 1993, please do not hesitate to contact me.

Thank you for your assistance in adding these items which were inadvertently omitted when I filed the statement last week.

Sincerely,

Bob Goodlatte

RWG/sc

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

RECEIVED
1994 MAY 16 AM 8:57
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

6

WILLIAM FRANKLIN GOODLING
(Full Name)

1085 MILL CREEK ROAD
(Mailing Address)

YORK, PA 17402

(Daytime Telephone) (202) 225-5836

Filer Status	[X] Member of the U.S. House of Representatives	State PA District 19th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL William F. Goodling

DATE (Month/Day/Year) 5/14/94

1467

Name	Page 2 of 6
WILLIAM FRANKLIN GOODLING	

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U S Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria, list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Commonwealth of Pennsylvania Public School Employees Retirement System	Pension	5,475
	York Suburban School District	Spouse salary	N/A
	Christmas Tree Hill	Spouse salary	N/A

For payments to charity in lieu of honoraria, use Schedule II.

Name WILLIAM FRANKLIN GOODLING

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling, any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	Over $1,000,000	P, S, E
SP	Mega Corp Stock				X						X								X								P
DC	123 Main St., Dover, Del							X				X										X					
JT	1st Bank of Peona IL accounts					X							X							X							
JT	York Water Company Stock			X							X							X									
JT	AT&T Stock		X								X							X									
S	Corestates Financial Corp. Stock		X								X							X									
JT	Farm Land 15 Acres Springfield Twp.	X																									S
JT	Farm Land 41 Acres Springfield Twp.						X				No 1993 income						X										
JT	Thoroughbred Horses (See schedule)			X							Business Loss											X					PS

For additional assets and unearned income, use next page.

Name WILLIAM FRANKLIN GOODLING

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	Farm Land 15 Acres Springfield Township		X		1/29/93			X				
JT	Horses - See Schedule	X	X		Various	X						

This page may be copied if more space is required.

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Congressional FCV	Note	X						
JT	Peoples Bank of Glen Rock	Mortgage secured by farm in Springfield Township				X			
JT	First Capitol Bank	Notes			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Goodling Thoroughbreds
1993

Interest	Type	Name of Horse	Transactions		Estimated Fair Market Value 12/31/92	12/31/93
1/2	Broodmare	Liz's Dilema			3,000	1,250
1/2	Raised Colt	General Dilema	Sold	1,500	1,250	–
1/2	Raised Filly	Elegant Lady '93			–	1,250
1/3	Broodmare	Droopia			1,333	1,000
1/3	Raised Colt	Unnamed '93			–	833
1/3	Share of Stud	Dover Ridge			1,000	500
1/3	Share of Stud	Allen's Prospect			5,333	5,333
1/4	Raised Filly	Queenia			1,500	2,000
Full	Raised Filly	? Derby	Sold	3,500	–	–
Full	Broodmare	Inhibited	Sold	500	1,000	–
Full	Raised Filly	Native Falcon	Sold	2,500	1,250	–
Full	Raised Colt	Unnamed '93			–	2,500
Full	4 yr Mare	Japia	Purch	2,100	–	–
			Sold	4,000		
					15,666	14,666

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 5:03

U.S. HOUSE OF REPRESENTATIVES

HAND DELIVERED

3

Barton Jennings Gordon
103 Cannon Building
Washington, D.C. 20515

Residence:
940 East Northfield Boulevard
Murfreesboro, TN 37130
(202)225-4231

Filer Status [X] Tennessee 6th

Report Type [X]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION - ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an employer/entity? **If yes, complete and attach Schedule IX**	Yes [ ]	No [X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT OR TRUST INFORMATION - ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION - THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions. (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE: Barton J. Gordon

5/16/94

1473

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name: Barton Jennings Gordon

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year
If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
Examples: SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	304 A Street, SE, Wash.,DC Rental Unit					X						X										X					
	Wright Patman Credit Union Accounts (rolled over from				X								X						X								
	Lindner Fund IRA 20th Century)				X						X						N/A										

For additional assets and unearned income, use next page.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Philip Morris Companies Seminar: "A Review of Priorities for the 103rd Congress"	Sept. 10-12	Wash,D.C.-New York-Wash,DC	Y	Y	N	

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UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 12 PM 4:37

HAND DELIVERED

14

PORTER J. GOSS
(Full Name)

3869 GULF DRIVE
(Mailing Address)

SANIBEL, FLORIDA 33957

202-225 2536
(Daytime Telephone)

Filer Status	[X] Member of the U.S. House of Representatives	State FLORIDA District 14th	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Porter Goss

DATE (Month/Day/Year) May 12, 1994

1476

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Community Bank of the Islands	Director's Spouse Fee	NA

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name PORTER J. GOSS

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account

Exclude: Your personal residence(s) (unless there is rental income), any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts, any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	Block E P, S, E
SP, DC, JT	Examples: SP Mega Corp Stock				X						X								X								P
	123 Main St Dover, Del							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	ASSETS PREVIOUSLY REPORTED BELONGING TO DEPENDENT CHILD ARE NOT INCLUDED IN THIS REPORT SINCE CHILD IS NO LONGER A DEPENDENT																										
SP	Berkshire Life Insurance Co.		NA								Annuity								X								
SP	National Life of Vermont		NA								Annuity									X							
	Aetna Life Insurance (Stock)				X								X						X								
SP	Fishers Island Utility Co, NY				X						X								X								

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name PORTER J. GOSS

SP, DD, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: None	DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	EXCEPTED ASSET	BLOCK D Amount of Income: None	I None	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction: None	P, S, E
	(Crescent & Mansion Streets)																											
SP	Fishers Island NY property							X				X										X						
	NOW accounts																											
BOTH	Community Bank of the Islands			X										X					X									
	Notes from sale of Roller Track partnership (sold 10/2/89) of undeveloped property - Lee County, Florida:																											
	1. Arzy			X								Int		&	Principal							X						
	2. Block			X								"		&	"							X						
	3. Waitzkin			X								"		&	"						X							
	4. Thomas			X								"		&	"							X						
JT	Fishers Island Park NY undeveloped real property								X								X											
	(Stock)																											
JT	Fishers Island Development Co.				X												X											
	(Trustee NOW account)																											
	South Florida Bank, FL			X										X					X									
	(Unsecured loan)																											
JT	Atlantic City Sun, NJ	X										Principal											X				Paid off	
	(Stock)																											
SP	Community Bank of the Islands					X					X												X				P	
JT	South Florida Bank, FL (Stock)			X													X											
JT	Fleet Bank, CT (NOW account)			X										X					X									
	(Partial Interest Beneficiary)																											
SP	Charles Oliver Trust							X				X										X						

Schedule III continued on pages 5, 6, 7, 8, 9 & 10

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PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
	ASSETS PREVIOUSLY REPORTED BELONGING TO DEPENDENT CHILD ARE NOT INCLUDED IN THIS REPORT SINCE CHILD IS NO LONGER A DEPENDENT				
SP	AMP Inc	C	Dividend	II	
SP	Abbott Laboratories	D	Dividend	III	
SP	Air Products & Chemicals	E	Dividend	IV	
SP	Allegheny Cnty Pa (B)	NONE	Interest	II	S
"	"	NONE	Cap Gains	III	
SP	Allegheny Cnty Pa (B)	D	Interest	IV	
SP	Allegheny Co Hosp Devel Auth PA (B)	C	Interest	III	
SP	Allentown Sch Dist PA DTD 4-1-86 (B)	C	Interest	III	
SP	Aluminum Company of America	C	Dividend	II	
SP	American Brands	C	Dividend	III	
SP	American Home Products	F	Dividend	VI	
SP	American Telephone & Telegraph	D	Dividend	III	
SP	Ameritech Corp	E	Dividend	V	
	Amgen Inc	NONE	Dividend	NONE	S
	"	NONE	Cap Gains	NONE	
SP	Argonaut Group Inc	B	Dividend	I	
SP	Atlantic Richfield	E	Dividend	V	
SP	BHC Communications Inc	C	Dividend	NONE	
	Bank of Boston Corp	B	Dividend	I	
SP	Bell Atlantic Corp	E	Dividend	V	
SP	Bellsouth Corp	C	Dividend	III	
SP	Bethel Pa Mun Auth Sch Bldg Rev (B)	B	Interest	I	S
"	"		Cap Gains	II	
SP	Boeing Co	NONE	Dividend	I	S
"	"	NONE	Cap Gains	NONE	
SP	Boyertown Area Sch Dist PA (B)	C	Interest	III	
SP	Boynton Beach Fla Rcrtn & Muni (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	
SP	Boynton Beach Fla Wtr & Swr Rev (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
SP	Brinker International Inc	D	Stock Split	NONE	
SP	Bristol Myers Squibb Co	D	Dividend	IV	
SP	Broward Cnty Fla Hsg Fin Auth (B)	C	Interest	III	S
"	"		Cap gains	NONE	
SP	Broward Cnty Florida (B)	C	Interest	II	P
SP	Bucks Cnty Pa Cmnty College Auth (B)	D	Interest	IV	
SP	Burlington Northern Inc	E	Dividend	IV	
SP	Burlington Resources Inc	E	Dividend	III	
SP	Butler Co Area Voc-Tech Sch Auth (B)	C	Interest	III	
SP	CPC International Inc	E	Dividend	IV	
SP	CSX Corp	C	Dividend	II	
SP	Capital Holding Corp	C	Div & Split	II	
	Carnival Cruise Lines Inc	B	Dividend	I	
SP	Central Greene Sch Auth PA Sch (B)	NONE	Interest	II	S
"	"	NONE	Cap Gains	NONE	
SP	Chevron Corp	C	Dividend	III	
SP	Coca Cola Co	F	Div & Gains	V	S
SP	Corestates Financial Corp Pa	C	Div & Split	III	
SP	Corry Area Sch Dist Pa (B)	C	Interest	III	P
SP	D F Special Stock Fund	D	Dividend	II	P
SP	D P L Inc	C	Div & Split	III	
SP	Dade Cnty Fla Spl Oblig Miami (B)	D	Interest	IV	
SP	Disney Walt Co	E	Dividend	II	
SP	Dow Chemical Co	E	Dividend	V	
SP	DuPont E I De Nemours & Co	D	Dividend	III	
SP	Eastman Kodak Co	C	Dividend	III	
SP	Easton Pa Rfdg Ser A Fgic (B)	D	Interest	IV	
SP	El Paso Natural Gas Co	C	Dividend	III	
SP	Emerson Electric	D	Dividend	III	
SP	Erie Pa City Sch Dist Ser 74 (B)	C	Interest	II	
SP	FPL Group Inc	D	Dividend	IV	
SP	Fed Natl Mtg Assn Inc.	C	Dividend	III	
SP	Florida Progress Corp	C	Dividend	III	
SP	Florida St Brd Ed Cap Outlay Ser (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
SP	Florida St Pollution Ctl (B)	C	Interest	III	
SP	Fort Myers Fla Impt Rev	D	Interest	IV	
SP	Fort Lauderdale Fla Excise Tax (B)	C	Interest	NONE	P
SP	General Electric	G	Dividend	VI	
*2	General Motors Corp	D	Dividend	II	
SP	Georgia Pacific Corp	C	Dividend	II	
SP	Gillette Co	C	Dividend	II	
*2	Heinz H J Co	C	Dividend	II	
	Hewlett-Packard Co	B	Dividend	I	
SP	Home Depot Inc	D	Div & Split	II	
SP	IMC Fertilizer Group Inc	C	Dividend	III	
SP	International Business Machine	E	Dividend	VI	S
"	"		Cap Gains	V	
SP	Jacksonville Fla Elec Auth Rev (2005) (B)	D	Interest	III	P
SP	Jacksonville Fla Elec Auth Rev (1996) (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	
SP	Johnson & Johnson	C	Dividend	II	
SP	K Mart Corp	D	Dividend	IV	
SP	Keystone Oaks Pa Sch Auth Sch (B)	C	Interest	III	
SP	King World Productions Inc	C	NONE	NONE	
SP	Kissimmee Fla Elec & Wtr Rev (B)	C	Interest	III	
SP	Lackawanna Cnty Pa New Pub Hsg (B)	C	Interest	III	
	Lee Cnty Fla Transn Facs (B)	B	Interest	II	
SP	Lifeline Systems Inc	B	NONE	NONE	
SP	Liz Claiborne Inc	B	Dividend	II	
SP	Lower Makefield Pa Tax Free (B)	NONE	Interest	NONE	S
"	"	NONE	Cap Gains	NONE	
SP	Lower Moreland Twp Auth (B)	C	Interest	III	
SP	Lubrizol Corp	D	Dividend	III	
SP	Manatee Cnty Fla Indl Dev Rev (B)	NONE	Interest	IV	S
"	"	NONE	Cap Gains	NONE	
SP	Margate Fla Wtr & Swr Impt (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	
SP	May Department Stores	D	Div & Split	III	
SP	McDonalds Corp	C	Dividend	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
SP	Merck & Co Inc	F	Dividend	V	
SP	Miami Beach Fla South Pointe (B)	D	Interest	IV	
SP	Miami Fla Var Purp (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	
SP	Microsoft Corp	C	NONE	NONE	
SP	Millcreek Twp Pa Swr Auth Swr (B)	B	Interest	II	
SP	Millipore Corp	C	Dividend	II	
SP	Minnesota Mining & Manufacturing	F	Dividend	V	
SP	Montgomery Cnty PA (B)	D	Interest	IV	
SP	Motorola Inc	D	Div & Split	II	
SP	Mount Lebanon Genl Obl Ser 77 PA (B)	NONE	Interest	II	S
"	"	NONE	Cap Gains	NONE	
SP	Niceville Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Norfolk Southern Corp	E	Dividend	IV	
SP	Nynex Corp	B	Div & Split	II	
SP	Okaloosa Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Orange Cnty Fla Solid Waste (B)	C	Interest	NONE	P
SP	Orange Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Osceola Cnty Fla Gas Tax Rev (B)	C	Interest	II	P
SP	Overriding Royalty In State Oil Leases, LA	G	Royalty	VIII	
SP	PNC Core Equity Fund-FKA PNC Common Stock Fd	E	Dividend	V	
*2	PNC Financial Corp	F	Dividend	VI	
SP	PNC Intermediate Municipal Fund	E	Dividend	V	
	PNC International Equity Fund	B	Dividend	NONE	P
SP	PNC Long Term Municipal Fund	E	Dividend	IV	P
	PNC Small Cap Growth Fund	B	Dividend	I	P
SP	PPG Industries Inc	F	Dividend	V	
SP	Pacific Telesis Group	C	Dividend	II	
SP	Pasco Cnty Fla Wtr & Swr Rev (B)	D	Interest	IV	
SP	Penna Commonwealth DTD 9-1-76 (B)	C	Interest	III	
SP	Penna Higher Educ Facils Auth (B)	NONE	Interest	II	S
"	"	NONE	Cap Gains	NONE	
SP	Penna Hous Finance Agency (B)	NONE	Interest	III	S
"	"	NONE	Cap gains	NONE	
SP	Penna St Higher Edl Facils Auth (B)	C	Interest	II	P

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
SP	Penney J C Co Inc	E	Div & Split	IV	
SP	Pennsbury Sch Dist Pa (B)	C	Interest	III	
SP	Pennsylvania Hwy (6080084) (B)	B	Interest	II	S
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St (394853) (B)	C	Interest	III	
SP	Pennsylvania St Genl Obl (B)	D	Interest	III	
SP	Pennsylvania St Pub Sch Bldg (B)	C	Interest	II	
SP	Pepsico Inc	D	Dividend	III	
SP	Philip Morris	E	Dividend	V	
	Philip Morris	NONE	Dividend	I	S
	"	NONE	Cap Gains	NONE	
SP	Pinellas Cnty Fla Swr Rev (B)	C	Interest	NONE	P
SP	Premark International Inc	B	Dividend	I	
SP	Proctor & Gamble Co	D	Dividend	III	
SP	Puerto Rico Housing Auth (B)	NONE	Interest	I	S
"	"	NONE	Cap Gains	NONE	
SP	Puerto Rico Housing Auth (B)	B	Interest	II	
SP	Raytheon Co	D	Dividend	III	
SP	Royal Dutch Pete Co	C	Dividend	III	
SP	Salt River Proj Agric Impt & Pwr (B)	C	Interest	III	
SP	Sara Lee Corp	C	Dividend	II	
SP	Schlumberger Ltd	C	Dividend	II	
SP	Scott Paper Co	C	Dividend	II	
SP	Sebring Fla Wtr & Wastewtr Rev (B)	D	Interest	II	P
SP	Seminole Cnty Fla Sch Dist (B)	C	Interest	II	P
SP	Sewickley Heights Trust	NONE	NONE	NONE	S
SP	Shade Central Pa City Sch Dist (B)	D	Interest	III	P
SP	South Florida Wtr Mgmt Dist Spl (B)	D	Interest	IV	
SP	Southwestern Bell Corp	C	Div & Split	II	
SP	St Petersburgh Fla Excise Tax (B)	C	Interest	NONE	P
	TRW Inc	B	Dividend	II	
SP	Teledyne Inc	B	Dividend	I	
SP	Time Warner Inc	NONE	Div & Split	V	S
"	"	NONE	Cap Gains	VI	
SP	Transamerica Corp	C	Dividend	II	

PARTS II, III - ASSETS AND "UNEARNED" INCOME - PORTER J. GOSS
(STOCKS, UNLESS OTHERWISE NOTED. B = BOND)

OWNER	ASSET	VALUATION	INCOME - TYPE	INCOME - AMOUNT	TRANS
*2	U S Treasuries-Bought/sold w/in 4 days	G	Interest	I	B,S
SP	U S West Inc	D	Dividend	IV	
SP	Unitrin Inc	B	Dividend	I	
SP	Upper St Clair Twp Pa Sch Auth (B)	B	Interest	II	
SP	Volusia Cnty Fl Sch Dist (B)	NONE	Interest	III	S
"	"	NONE	Cap Gains	II	
SP	Volusia Cnty Fla Hosp Rev (B)	D	Interest	IV	
SP	WMX - NAME CHANGE (Was Waste Management)	D	Dividend	III	S
"	"		Cap Loss	NONE	
*2	Wal-Mart Stores Inc	F	Div & Split	III	
SP	Waste Management Inc - NAME CHANGE	NONE	NONE	NONE	
SP	West Goshen Sewer Auth Pa (B)	B	Interest	II	
SP	Xerox Corp	C	Dividend	III	
S	Xyplex	B	NONE	NONE	
S	Zoll Medical Corp	D	NONE	NONE	

*2 - Owned separately by spouse and filer

SCHEDULE IV — TRANSACTIONS

Name PORTER J. GOSS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10-12-93		X					
	SEE PAGES 12 & 13											

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PART IV - TRANSACTIONS - PORTER J. GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
	ASSETS PREVIOUSLY REPORTED BELONGING TO DEPENDENT CHILD ARE NOT INCLUDED IN THIS REPORT SINCE CHILD IS NO LONGER A DEPENDENT			
SP	Allegheny Cnty PA (B)	Sale	7-1-93	C
	Amgen	Sale	10-22-93	B
JT	Atlantic City Sun unsecured loan	Paid off	3-31-93	C
SP	Bethel Pa Mun Auth Sch Bldg Rev(B)	Partial Sale	4-1-93	B
SP	Boeing Co	Sale	3-3-93	B
SP	Boynton Beach Fla Rcrtn & Muni (B)	Sale	8-2-93	C
SP	Boynton Beach Fla Wtr & Swr Rev(B)	Sale	11-1-93	D
SP	Broward Cnty Fla Hsg Fin Auth (B)	Partial Sale	4-1 & 10-1 93	B
SP	Broward Cnty Florida (B)	Purchase	10-5-93	C
SP	Central Greene Sch Auth PA Sch (B)	Sale	12-1-93	B
SP	Coca Cola Co	Partial Sale	3-3-93	B
SP	Community Bank of the Islands-STK	Purchase	3-26-93	C
SP	Corry Area Sch Dist Pa (B)	Purchase	1-5-93	C
SP	DF Special Stock Fund	Purchase	3-23-93	D
SP	Florida St Brd Ed Cap Outlay Sr(B)	Sale	1-4-93	C
SP	Fort Lauderdale Fl Excise Tax (B)	Purchase	10-1-93	C
	International Business Machine	Sale	10-22-93	B
SP	International Busniess Machine	Partial Sale	1-8-93	B
SP	Jacksonville Fla Elec Auth Rev (B)	Purchase (2005)	2-18-93	C
SP	Jacksonville Fla Elec Auth Rev (B)	Called (1996)	10-1-93	C
SP	Lower Makefield Pa Tax Free (B)	Called	6-1-93	C
SP	Manatee Cnty Fla Indl Dev Rev (B)	Sale	9-1-93	C
SP	Margate Fla Wtr & Swr Impt (B)	Called	2-5-93	D
SP	Miami Fla Var Purp (B)	Sold	5-3-93	C
SP	Mount Lebanon Genl Obl Ser 77 (B)	Called	11-30-93	B
SP	Orange Cnty Fla Solid Waste (B)	Purchase	11-17-93	C
SP	Osceola Cnty Fla Gas Tax Rev (B)	Purchase	1-26-93	C
	PNC International Equity Fund	Purchase	11-12-93	B
SP	PNC Long Term Municipal Fund	Purchase	7-7-93	C
	PNC Small Cap Growth Fund	Purchase	11-4-93	B

PART IV - TRANSACTIONS - PORTER J. GOSS

OWNER	ASSET	TRANSACTION	DATE	AMOUNT OF TRANS.
SP	Penna Higher Educ Facils Auth (B)	Called	1-1-93	C
SP	Penna Hous Finance Agency (B)	Called	10-1-93	C
SP	Penna St Higher Edl Facils (B)	Purchase	10-6-93	C
SP	Pennsylvania Hwy (6080084) (B)	Called	12-10-93	B
	Philip Morris	Sale	10-22-93	B
SP	Pinellas Cnty Fla Swr Rev (B)	Purchase	11-4-93	C
SP	Puerto Rico Housing Auth (B)	Called	6-1-93	B
SP	Sebring Fla Wtr & Wastewatr Rev(B)	Purchase	4-15-93	C
SP	Seminole Cnty Fla Sch Dist (B)	Purchase	5-12-93	C
SP	Sewickley Heights Trust	Charged Off	4-26-93	B
SP	Shade Central Pa City Sch Dist(B)	Purchase	1-6-93	C
SP	St Petersburgh Fla Excise Tax (B)	Purchase	11-9-93	C
SP	Time Warner Inc	Sale	2-5,2-12,7-8-93	E
*2	U S Treasuries	Purchase	12-31-93	G (Sold 1-3-94)
SP	Volusia Cnty Fl Sch Dist (B)	Sale	6-1-93	C
SP	WMX Technologies	Partial Sale	12-6-93	C

FILER DID NOT INITIATE, GUIDE OR DIRECT ANY OF THE DISCLOSED TRANSACTIONS.

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (Unpaid)	Fishers Island Utility Company, Fishers Island NY

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mar)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 PM 2:24

HAND DELIVERED

Rodney D. Grams

17200 Sodium Street N.W. 202/225-2271

Ramsey, MN 55303

Filer Status	[X] Member of the U.S. House of Representatives — State MN District 6th	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Rod Grams DATE (Month/Day/Year) 5/16/94

Name Rodney D. Grams | Page 2 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13-14

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash. D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
National Restaurant Association, Chicago, IL Annual Meeting-to The Educational Foundation of	Appearance the National Restaurant Association	May 22, 1993	$1,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Name Rodney D. Grams

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Route 1, St. Francis, MN Land-232 Acres						X					X								X							
	8640 Audubon Rd, Chanhassen, MN Land-37 Acres							X						X										X			S
	Sun Ridge Builders, Inc.		X								X						X										
	ShadowWood Subdivision, Chaska, MN 1 Residential Lot				X									X									X				S
	Chan Development 14450 Burnsville Parkway, Burnsville, MN	X									X						X										

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name Rodney D. Grams

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
37	Acres/8640 Audubon Rd. Chanhassen to Chan Development		X		1993			X				
8	Lots/ShadowWood Subdivision to Individual Buyers		X		1993					X		

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Name Rodney D. Grams

Page 5 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances; and **liabilities** owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H $1,000,000 over
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Norwest Bank of Minneapolis, MN	Mortgage on Rural Isanti Home		X					
	Esther Chase, Minnetonka, MN	Business Loan				X			
	First Bank of Minneapolis, MN	Mortgage on St. Francis Farm		X					
	First Bank of Elk River, MN	Business Loan		X					
	Gerald Bauer, Anoka, MN	Mortgage on Ramsey Homestead			X				

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Restaurant Assn. Annual Meeting-Chicago, IL	May 21-23	Wash, DC-Chicago-Mpls	Y	Y	N	Y (May 21-AM)
	AIPAC Israel Trip Fact-Finding	Aug 23-30	Mpls-Tel Aviv-Mpls	Y	Y	Y	N
	Chicago Mercantile Exchange Fact-Finding	Dec 10	Mpls-Chicago-Mpls	N	Y	N	N
	Congress of Tomorrow The Congressional Institute Inc.	Feb 25-27	Wash DC-Princeton-Wash DC	Y	Y	N	N

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SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
President	Sun Ridge Builders, Inc.
Vice President	Chan Development

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75 884 (rev.)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

HON. FREDERICK L. GRANDY
(Full Name)

418 CANNON HOB — WASHINGTON, D.C. 20037 (Mailing Address) — (202) 225-5476 (Daytime Telephone)

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(Office Use Only)

Filer Status	[X] Member of the U.S. House of Representatives	State IA District 5	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [X]	No [ ]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL — DATE (Month/Day/Year)

Name HON. FREDERICK L. GRANDY	Page 1 of 13

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Catherine Mann Productions	Spouse Salary	NA

For payments to charity in lieu of honoraria, use Schedule II.

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SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

	Source	Activity	Date	Amount
Examples	Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
	XYZ Magazine	Article	Aug. 13, 1993	$500
	American Bakers Assoc., Wash., D.C.	Speech	Jan. 12, 1993	$2,000
	ACCORD (Insurance group) Orlando, FL	Speech	Mar. 8, 1993	2,000
	Tobacco Institute, Wash., D.C.	Speech	June 8, 1993	2,000
	Deloitte & Touche, Wash., D.C.	Speech	Nov. 8, 1993	2,000

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Block A	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	ROYALTIES	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP	Examples: Mega Corp. Stock				X						X									X								P
DC	123 Main St., Dover, Del.							X					X										X					
JT	1st Bank of Peoria, IL accounts					X								X							X							
	Wright Patman Congressional Federal Credit Union					X								X							X							
	EP Talent Services			N/A							X									X								
	Torand Payroll Co.			N/A							X										X							

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. FREDERICK L. GRANDY

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SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	Franklin Fed. Tax-Free Income (IRA)						X				X								X								P
	Keystone Tax Free Fund				X						X									X							P
	Nuveen Premier				X						X									X							P
	Franklin Income Fund (IRA)						X				X												X				P
	Amer. FDS Europacific Growth Fund (IRA)					X					X									X							P
	Eaton Vance Greater China Growth Fund (IRA)					X					X						X										P
	GT Global Tele (IRA)					X					X									X							P
	Amer. FDS New Perspective (IRA)					X					X										X						P
	Piper Balanced Fund (IRA)					X					X									X							P
	Gateway 2000 Inc. (IRA)			X									X				X										P
	Eaton Vance Nat'l Municipal		X								X								X								P
	Smallcap (IRA)						X				X								X								P
	Amer. FDS Fundamental Investors				X						X						X										P

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. FREDERICK L. GRANDY

SP, DC, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: A None	B $1 – $1,000	C $1,001 – $15,000	D $15,001 – $50,000	E $50,001 – $100,000	F $100,001 – $250,000	G $250,001 – $500,000	H $500,001 – $1,000,000	Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: I None	II $1 – $200	III $201 – $1,000	IV $1,001 – $2,500	V $2,501 – $5,000	VI $5,001 – $15,000	VII $15,001 – $50,000	VIII $50,001 – $100,000	IX $100,001 – $1,000,000	Over $1,000,000	BLOCK E Transaction: P, S, E
	Charles Brendan Grandy - Short Term Trust:																										
	TIGR Series 2 zero % May 15, 1994			X									N/A				X										
	TIGR Series 18 zero % Feb. 15, 1995			X									N/A				X										
	Merrill Lynch CMA Money Fund		X										N/A				X										
	Paramount Fund		X										X							X							
	Piper Jaffray Money Market Fund (IRA)		X										X					X									
	RJR Nabisco (IRA)		X										X				X										
	Gateway Mtg Accept Corp (IRA)		X										X						X								
	Franklin Income Fund (IRA)							X			X								X								P
	Piper Jaffray Balanced Fund (IRA)						X				X									N/A							
	Healthvest (IRA)		X								X						X										

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. FREDERICK L. GRANDY

BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	DIVIDEND, RENT, INTEREST	EXCEPTED TRUST	QUALIFIED BLIND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
Pepsico (IRA)			X							X							X									P
Walt Disney Co. (IRA)			X							X							X									P
Sara Lee (IRA)			X							X							X									P
Walmart Stores (IRA)			X							X							X									P
AT&T (IRA)			X							X							X									P
MCI (IRA)			X							X							X									P
Amer. FDS Investment Co. of Amer. (IRA)			X										X					X								S
Piper Jaffray Value Fund (IRA)			X										X			X										S
Smith Barney 6 - B CMO (IRA)				X									X					X								S
U.S. Treasury Certificates (IRA)				X						X						X										S
Amer. Adj. Rate Term Tr 1995 (IRA)			X										X			X										S
" " " " " 1996 (IRA)			X										X			X										S
" " " " " 1990 (IRA)			X										X			X										S
Piper Growth & Income Fund				X									X				X									S
Amer. FDS Wash Mutual Inv				X						X						X										S

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SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name HON. FREDERICK L. GRANDY

SP, DEP, JT	BLOCK A Asset and/or Income Source	BLOCK B Year-End Value of Asset: None	A $1 - $1,000	B $1,001 - $15,000	C $15,001 - $50,000	D $50,001 - $100,000	E $100,001 - $250,000	F $250,001 - $500,000	G $500,001 - $1,000,000	H Over $1,000,000	BLOCK C Type of Income: DIVIDENDS	RENT	INTEREST	EXCEPTED TRUST	EXCEPTED TRUST AND TRUST	BLOCK D Amount of Income: None	I $1 - $200	II $201 - $1,000	III $1,001 - $2,500	IV $2,501 - $5,000	V $5,001 - $15,000	VI $15,001 - $50,000	VII $50,001 - $100,000	VIII $100,001 - $1,000,000	IX Over $1,000,000	BLOCK E Transaction P, S, E
	FHLMC 1464-W CMO 9IRA)				X								X					X								P,S
	Ryland Accep CP III SER SSE.BE (IRA)			X									X			X										S
	Piper Jaffray Govt. Income Fund (IRA)			X									X			X										S
	Amer. FDS Amer. Mutual Fund DVC			X							X						X									S
	CERTS Accrual Treas Serv S CPN (IRA)				X								X								X					S
	FHLMC SER 9 CL-D (IRA)			X									X			X										S
	SMB 7-C CMD (IRA)			X									X			X										S
	Treas. RCPT Off 13.25/2014 (IRA)				X								X									X				S

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SCHEDULE IV — TRANSACTIONS

Name HON. FREDERICK L. GRANDY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Eaton Vance Gtr. China Growth Fd.	X			various times in 1993				X			
	Amer. FDS Europacific Growth Fd.	X			" "				X			
	Franklin Income Fund	X			" "		X					
	Amer. FDS Fundamental Investors	X			12/16/93		X					
	GT Global Tele	X			various times in 1993			X				
	Amer. FDS New Perspective	X			" "			X				
	Piper Balanced Fund	X			" "	X						
	Smallcap World Fund	X			" "				X			
	Amer. FDS Wash Mutual	X			" "				X			
	Piper Gov. Income Fd.	X			" "	X						
	Gateway 2000 Inc.	X			2/7/93	X						
	Pepsico Inc.	X			various times in 1993		X					
	Walt Disney Co.	X			" "	X						
	Sara Lee	X			2/8/93	X						
	Walmart Stores	X			3/4/93	X						
	AT&T	X			2/27/93	X						
	MCI	X			7/22/93	X						

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SCHEDULE IV — TRANSACTIONS

Name HON. FREDERICK L. GRANDY

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example. Mega Corporation Common Stock	X			10-12-93		X					
	Franklin Federal Tx-Fr Income	X			various times in 1993		X					
	Keystone Tax Free Fund	X			12/31/93		X					
	Nuveen Premier Ins Muni Inc FD	X			12/31/93	X						
	Amer. FDS Investment Co. of Amer. (IRA)		X		8/11/93		X					
	Piper Jaffray Value Fund		X		8/11/93	X						
	Eaton Vance Nat'l Municipal	X			various times in 1993	X						
	Smith Barney 6 - B CMO		X		various times in 1993		X					
	U.S. Treasury Certificates		X		11/5/93		X					
	Amer. Ad . Rate Term Tr 1995		X		1/18/93				X			
	" " " " " 1996		X		1/19/93	X						
	" " " " " 1990		X		1/17/93	X						
	Piper Growth & Income Fund		X		1/17/93		X					
	FHLMC 1464-U CMO	X	X		various times in 1993		X					
	Ryland Accep CP III SER SSS.BE		X		9/1/93	X						
	Amer. FDS Amer. Mutual Fund DVC YR-M		X		1/19/93	X						

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SCHEDULE IV — TRANSACTIONS

Name HON. FREDERICK L. GRANDY

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Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	CERTS Accrual Treas Serv S CPN		X		1/5/93	X						
	FHLMC SER 9 CL 9-D		X		various times in 1993	X						
	SMB 7-C CMD		X		various times in 1993	X						
	Treas. RCPT 0% 13.25/2014		X		11/5/93		X					

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SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor *at any time* during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. Exclude: Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and **liabilities owed to a spouse**, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	MINNEAPOLIS HOTEL PARTNERS	LIMITED PARTNERSHIP					X		

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name HON. FREDERICK L. GRANDY | Page 10 of 3

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342), travel paid for by campaign funds, travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
Grinnell Hospital, Grinnell, IA	Feb. 9	Sioux City - Grinnell- S.C.	N	Y	N	N
Pharmaceutical Manuf. Assoc.	Feb. 13-14	S. City-San Jose-S. City	Y	Y	N	N
ACCORD (Insurers)	Mar. 7-8	S. City-Orlando-D.C.	Y	Y	N	N
IA Medical Society	Apr. 17	S. City-Des Moines-S.City	N	Y	N	N
Indep. Insurance Agents	May 6-7	S. City-Des Moines-S. City	Y	Y	N	N
Nat'l Pork Producers	June 11	S. City-Des Moines-S. City	N	N	N	N
Business - Gov. Annual Conference	Sept. 16-17	D.C. - Williamsburg, VA-Sioux City	Y	Y	N	N
IA Utility Assoc.	Oct. 17-18	S.City-DesMoines-DC	Y	Y	N	N
IA Assoc. of Anesthesiologists	Oct. 29	S.City-Cedar Rapids-S.City	Y	Y	N	N
Mercy Hosp., IA City, IA	Nov. 6	S. City-IA City-S.City	N	N	N	N
Nat'l Council of Community Hospitals	Nov. 11-14	Sioux City - Orange Co.	Y	Y	Y	N

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HON. FRED GRANDY	

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
LIMITED PARTNER	MINNEAPOLIS HOTEL PARTNERS

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

FRED GRANDY
5TH DISTRICT IOWA

COMMITTEES

WAYS AND MEANS

STANDARDS OF
OFFICIAL CONDUCT

INSIDE MAIL

RECEIVED
1994 JUN -8 AM 10: 20

REPLY TO:
418 CANNON BUILDING
WASHINGTON, DC 20515-1505
(202) 225-5476

IOWA DISTRICT OFFICES
4501 SOUTHERN HILLS DR
SUITE 211
SIOUX CITY, IA 51106
(712) 276-5800
822 CENTRAL AVENUE
SUITE 102
FORT DODGE, IA 50501
(515) 573-2738
14 WEST 5TH STREET
SPENCER, IA 51301
(712) 262-6838

Congress of the United States
House of Representatives
Washington, DC 20515-1505

June 7, 1994

The Honorable Donnald K. Anderson
Clerk of the House
H-105, U.S. Capitol
Washington, D.C. 20515

1 ✓
MC

Dear Mr. Anderson:

I'd like to amend my 1993 financial disclosure statement in the following way:

From Schedule V - Liabilities:
Minneapolis Hotel Partners and information about it should be deleted.

From Schedule III - Assets and "Unearned" Income:
Add Minneapolis Hotel Partners to Block A.
Under Block B- Value of asset is F
Under Block C - Type of income is Capital Gains
Under Block D - Amount of Income - None

Thank you for your assistance and if you have any questions please direct them to Nancy Sheppard of my staff at X55476.

Sincerely,

FRED GRANDY
MEMBER OF CONGRESS

FG/ns

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

94 MAY -6 PM 2 14

INSIDE MAIL (7)

Raymond Eugene (Gene) Green
Post Office Box 16128
Houston, Texas 77222

202-225-1688
713-923-9961

Filer Status	[X] Member of the U.S. House of Representatives — State Texas District 29	[ ] Officer or Employee — Employing Office	**A *$200 penalty* shall be assessed against anyone who files more than 30 days late.**
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination — Termination Date

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [X]	No [ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ]	No [X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X]	No [ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [ ]	No [X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [X]	No [ ]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL Raymond Eugene Green

DATE (Month/Day/Year) May 5, 1994

1512

Name	Gene Green	Page 2 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Aldine Independent School District, Houston, Texas	Spouse/Teacher Sal.	NA
	Gene Green, Attorney at Law, Houston, Texas Earned in 1992 Paid in 1993		$10,000.00

For payments to charity in lieu of honoraria, use Schedule II.

Name Gene Green	Page 3 of 7

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
American Physical Therapists	Speech	Feb. 7, 1993	$1,000.00
National Association of Homebuilders	Panel Speaker	Feb. 20, 1993	$2,000.00

This page may be copied if more space is required.

Name Gene Green

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	Over $1,000,000 (I)	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	Over $1,000,000	P, S, E
SP	Mega Corp. Stock				X						X							X	X								P
DC	123 Main St., Dover, Del						X					X									X						
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	Homestead: 379 County Fair Houston (Harris Co.), Texas					X					no income																
JT	Condominium 2107 Rio Grande, Austin, Texas				X							X								X							
S	Two Houses, Montgomery Co. Texas McRae Lake Subdivision				X						no income																
S	(No Street Address) Rural Land: 20.049 Acres Montgomery County, Texas				X						no income																

Examples: SP — Mega Corp. Stock; DC — 123 Main St., Dover, Del; JT — 1st Bank of Peoria, IL accounts

For additional assets and unearned income, use next page.

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

Continuation Sheet (if needed)

Name Gene Green

Block A: Asset and/or Income Source	Block B: Year-End Value of Asset									Block C: Type of Income					Block D: Amount of Income									Block E: Transaction
	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
JT Nations Bank, Houston, Texas					X							X							X						
JT Individual Retirement Accounts Texas Commerce Bank Airline					X							X								X					
JT Aldine Teachers Credit Union Houston, Texas			X									X						X							
JT Graphics Arts Credit Union Houston, Texas		X										X					X								
DC Nations Bank, Houston, Texas			X									X						X							
DC Nations Bank, Houston, Texas			X									X						X							
DC First Heights FSB Houston, Texas		X										X					X								
DC First Heights FSB Houston, Texas		X										X					X								
JT Prudential Insurance Insurance Interest and Spouse			X									X						X							
Deferred Compensation																									
International Typographical Union			Amount determined upon retirement																						
Employee Retirement of Texas			Amount determined upon retirement																						

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SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	National Association of Homebuilders	Feb. 19-22	Houston-Las Vegas-Houston	Y	Y	Spouse	N
	American Israel Public Affairs Committee	Aug. 12-20	Houston-NY-Israel-NY Houston	Y	Y	Spouse	1 day
	Association for Compensatory Educators of Texas	Oct. 16-17	Houston-Brownsville-Houston	N	Y	Spouse	N

This page may be copied if more space is required.

Name Gene Green	Page 7 of 7

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
6-90	International Typographical Union	Upon retiring receive pension
1-93	Employee Retirement of Texas	Upon retiring receive pension

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 16 AM 11:01
HAND DELIVERED

James Charles Greenwood
515 Cannon Building
Washington DC 20515
(202) 225-4276

Filer Status	☒ Member of the U.S. House of Representatives	State: PA District: Fourth	☐ Officer or Employee	Employing Office:
Report Type	☒ Annual (May 15)	☐ Amendment	☐ Termination	Termination Date:

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes ☐	No ☒
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes ☒	No ☐	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes ☒	No ☐
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes ☒	No ☐	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes ☒	No ☐
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes ☒	No ☐	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes ☐	No ☒
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes ☐	No ☒	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**		

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes ☐	No ☒
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes ☐	No ☒

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001)

SIGNATURE OF REPORTING INDIVIDUAL: James Greenwood

DATE (Month/Day/Year): May 16, 1994

Name James C. Greenwood | Page 2 of 1

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	Senate of Pennsylvania	Salary (Jan. 1-4)	$447.58
	Commonwealth of Pennsylvania	deferred Compensation	$5,595.56
	Commonwealth of Pennsylvania	Pension for House & Senate Service	$28,659.10
	Bucks County, Pennsylvania	Spouse Salary	N.A.

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
The Capitol Forum, Washington, D.C.	Speech	May 5, 1993	$500

This page may be copied if more space is required.

Name James C. Greenwood | Page 4 of 7

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Asset and/or Income Source	None	A $1 – $1,000	B $1,001 – $15,000	C $15,001 – $50,000	D $50,001 – $100,000	E $100,001 – $250,000	F $250,001 – $500,000	G $500,001 – $1,000,000	H Over $1,000,000	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None	I $1 – $200	II $201 – $1,000	III $1,001 – $2,500	IV $2,501 – $5,000	V $5,001 – $15,000	VI $15,001 – $50,000	VII $50,001 – $100,000	VIII $100,001 – $1,000,000	IX Over $1,000,000	P, S, E
SP, DC, JT (Examples)	SP Mega Corp. Stock				X						X																P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Bonds - Govt. Agencies Securities:																			N.A.							P
	CATS, Series P, zero coupon			X																							P
	Refco strips			X																							P
	Mutual Funds:																			N.A.							P
	Cambridge Growth Fund			X																							P
	Cambridge Income + Growth Fund			X																							P

All Held by Wheat First Securities, Butcher + Singer (IRA)

For additional assets and unearned income, use next page.

SCHEDULE IV — TRANSACTIONS

Name James C. Greenwood | Page 5 of 1

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.		Type of Transaction			Date	Amount of Transaction						
SP, DC, JT	Asset	PURCHASE	SALE	EXCHANGE	(MO/DAY/YR)	B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
	Bonds - Govt. Agencies Securities:	X										
	CATS, Series P, zero coupon	X			6-23-93	X						
	Refco strips	X			6-23-93	X						
	Mutual Funds:	X										
	Cambridge Growth Fund	X			6-25-93	X						
	Cambridge Income & Growth Fund	X			6-23-93	X						

This page may be copied if more space is required.

Name James C. Greenwald | Page 6 of 7

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Israel Education Foundation	Aug. 23-30	Allentown, PA - Tel Aviv and return to Allentown	Y	Y	Y	N

This page may be copied if more space is required.

Name James C Greenwood	Page 1 of 1

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Director (unpaid)	Bucks Co. (PA) Council on Alcoholism
Director (unpaid)	The Woods Schools
Director (unpaid)	Parents Anonymous of Pennsylvania

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement
	None	

GPO: 1994 — 75-884 (max)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

1994 MAY 13 PM 2:10
OFFICE OF THE CLERK
U.S. HOUSE OF REPRESENTATIVES

(Office Use Only)

6

Steve C. Gunderson
(Full Name)

2235 Rayburn House Office Building
(Mailing Address)

Washington, D.C. 20515

Daytime Telephone
202-225-5506

Filer Status	[X] Member of the U.S. House of Representatives	State WI District 03	[ ] Officer or Employee	Employing Office
Report Type	[X] Annual (May 15)	[ ] Amendment	[ ] Termination	Termination Date

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	Yes [ ]	No [X]	Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	Yes [ ] No [X]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	Yes [X]	No [ ]	Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	Yes [X] No [ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	Yes [X]	No [ ]	Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	Yes [X] No [ ]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	Yes [ ]	No [X]	Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	Yes [ ] No [X]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	Yes [X]	No [ ]	**Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.**	

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	Yes [ ]	No [X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	Yes [ ]	No [X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL
* Steve C. Gunderson

DATE (Month/Day/Year)
May 12, 1994

Name	Steve C. Gunderson	[redacted]

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITY

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
XYZ Magazine	Article	Aug. 13, 1993	$500
National Retail Federation	Speech	March 26, 1993	$1,000

This page may be copied if more space is required.

Name Steve C. Gunderson [redacted]

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see Instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

	Block A: Asset and/or Income Source	Block B: Value of Asset — None	A: $1 – $1,000	B: $1,001 – $15,000	C: $15,001 – $50,000	D: $50,001 – $100,000	E: $100,001 – $250,000	F: $250,001 – $500,000	G: $500,001 – $1,000,000	H: Over $1,000,000	Block C: Type of Income — DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	Block D: Amount of Income — None	I: $1 – $200	II: $201 – $1,000	III: $1,001 – $2,500	IV: $2,501 – $5,000	V: $5,001 – $15,000	VI: $15,001 – $50,000	VII: $50,001 – $100,000	VIII: $100,001 – $1,000,000	IX: Over $1,000,000	Block E: P, S, E
SP, DC, JT	Examples: SP Mega Corp. Stock				X						X								X								P
	123 Main St., Dover, Del.							X				X										X					
	1st Bank of Peoria, IL accounts					X							X							X							
	Mobil Home Route 2, Osseo, WI				X							X								X							
	Savings Account, Pigeon Falls State Bank, Pigeon Falls, WI			X									X					X									
	Cong. Federal Credit Union Washington, D.C.			X									X					X									
	IRA - John O. Melby Bank, Whitehall, WI			X									X					X									

For additional assets and unearned income, use next page.

Name Steve C. Gunderson [redacted]

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed during the year. **Exclude:** Any mortgage on your personal residence (unless it is rented out); loans secured by automobiles, household furniture, or appliances, and liabilities owed to a spouse, or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period exceeded $10,000. For further information, see instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability: B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
	Union Bank of Blair Blair, WI	Personal loan, unsecured			X				
	Jackson County Bank Black River Falls, WI	Personal loan, unsecured	X						
	Pigeon Falls State Bank Pigeon Falls, WI	Personal loan, unsecured	X						
	Cong. Federal Credit Union Washington, D.C.	Personal loan, unsecured	X						

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see instructions, pages 22–23.

Source	Description	Value
Example: Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name Steve C. Cunderson [redacted]

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

	Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples:	Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
	Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
	American Medical Assoc.	1/28-31	Wash,DC-Naples-Wash,DC	Y	Y	N	N
	The Congressional Institute, Inc.	2/25-27	Wash,DC-Princeton-Wash	Y	Y	N	N
	Miami Congressional Workshop	4/2-4	Wash,DC-Miami-Wash	Y	Y	N	N
	WI Hospital Assoc.	6/24-25	Wash,DC-WI Dells-Wash	Y	Y	N	N
	WI Manufacturers & Commerce	9/12-13	Wash,DC-Brookfield-Wash	Y	Y	N	N
	Wharton School Univ. of Pennsylvania	11/10	Wash,DC-Philadelphia-Wash	Y	Y	N	N
	National Milk Producers Federation	11/30-12/1	Wash,DC-New Orleans-Wash	Y	Y	N	N

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Name Steve C. Gunderson [redacted]

SCHEDULE VIII — POSITIONS

Report all positions, compensated or uncompensated, held during the current calendar year as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, any nonprofit organization, any labor organization, or any educational or other institution other than the United States. For further information, see Instructions, pages 25–26.

Exclude: Positions held in any religious, social, fraternal, or political entities; positions solely of an honorary nature; and positions listed on Schedule I.

Position	Name of Organization
Trustee	Gallaudet University (by appointment of the Speaker of the House of Representatives)
Director	Ackley Scholarship Foundation, Inc.

SCHEDULE IX — AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement with respect to: future employment; a leave of absence during the period of government service; continuation or deferral of payments by a former or current employer other than the U.S. Government; or continuing participation in an employee welfare or benefit plan maintained by a former employer. For further information, see Instructions, page 26.

Date	Parties To	Terms of Agreement

GPO 1994 75-884 (mac)

Use additional sheets if more space is required.

UNITED STATES HOUSE OF REPRESENTATIVES

FINANCIAL DISCLOSURE STATEMENT FOR CALENDAR YEAR 1993

FORM A
For use by Members, officers, and employees

20

Luis V. Gutierrez

3023 W. Logan Boulevard

Chicago, Illinois 60647 (312) 509-0999

MAY 1 6 1994

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Filer Status	[X]	Illinois 4	[ ]
Report Type	[X]	[ ]	[ ]

A *$200 penalty* shall be assessed against anyone who files more than 30 days late.

PRELIMINARY INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
Did you or your spouse have "earned" income (e.g., salaries or fees) of $200 or more from any source in the reporting period? **If yes, complete and attach Schedule I.**	[X]	[ ]
Did any individual or organization make a donation to charity in lieu of paying you for a speech, appearance, or article in the reporting period? **If yes, complete and attach Schedule II.**	[X]	[ ]
Did you, your spouse, or a dependent child receive "unearned" income of more than $200 in the reporting period or hold any reportable asset worth more than $1,000 at the end of the period? **If yes, complete and attach Schedule III.**	[ ]	[X]
Did you, your spouse, or dependent child purchase, sell, or exchange any reportable asset worth more than $1,000 in the reporting period? **If yes, complete and attach Schedule IV.**	[X]	[ ]
Did you, your spouse, or a dependent child have any reportable liability (more than $10,000) during the reporting period? **If yes, complete and attach Schedule V.**	[X]	[ ]
Did you, your spouse, or a dependent child receive any reportable gift in the reporting period (i.e., aggregating more than $250 and not otherwise exempt)? **If yes, complete and attach Schedule VI.**	[ ]	[X]
Did you, your spouse, or a dependent child receive any reportable travel or reimbursements for travel in the reporting period (worth more than $250 from one source)? **If yes, complete and attach Schedule VII.**	[X]	[ ]
Did you hold any reportable positions on or before the date of filing in the current calendar year? **If yes, complete and attach Schedule VIII.**	[ ]	[X]
Did you have any reportable agreement or arrangement with an outside entity? **If yes, complete and attach Schedule IX.**	[ ]	[X]

Each question in this part must be answered and the appropriate schedule attached for each "Yes" response.

EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION — ANSWER EACH OF THESE QUESTIONS

	Yes	No
TRUSTS—Details regarding "Qualified Blind Trusts" approved by the Committee on Standards of Official Conduct and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust benefiting you, your spouse, or dependent child? (See Instructions, pages 10–11.)	[ ]	[X]
EXEMPTION—Have you excluded from this report any other assets, "unearned" income, transactions, or liabilities of a spouse or dependent child because they meet all three tests for exemption? (See Instructions, page 11.)	[ ]	[X]

CERTIFICATION — THIS DOCUMENT MUST BE SIGNED BY THE REPORTING INDIVIDUAL AND DATED

This Financial Disclosure Statement is required by the Ethics in Government Act of 1978, as amended. The Statement will be available to any requesting person upon written application and will be reviewed by the Committee on Standards of Official Conduct or its designee. Any individual who knowingly and willfully falsifies, or who knowingly and willfully fails to file this report may be subject to civil and criminal sanctions (See 5 U.S.C. app. 6, §104 and 18 U.S.C. §1001).

SIGNATURE OF REPORTING INDIVIDUAL: Luis V. Gutierrez

DATE: 5-16-94

1532

Name	Luis V. Gutierrez	Page 4 of 7

SCHEDULE I — EARNED INCOME

List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. Government) totalling $200 or more during the preceding calendar year. For a spouse, list the source and amount of any honoraria; list only the source for other spouse earned income exceeding $1,000. For further information, see Instructions, pages 12–13.

	Source	Type	Amount
Examples:	Jefferson University	Approved Teaching Fee	$6,000
	State of Maryland	Legislative Pension	$9,000
	Civil War Roundtable (Oct. 2nd)	Spouse Speech	$1,000
	Fairfax County Board of Education	Spouse Salary	NA
	City of Chicago	Alderman 26th Ward Chic	$ 2,552.10

For payments to charity in lieu of honoraria, use Schedule II.

SCHEDULE II — PAYMENTS IN LIEU OF HONORARIA MADE TO CHARITIES

List the source, activity (i.e., speech, appearance, or article), date, and amount of any payment made by the sponsor of an event to a charitable organization in lieu of an honorarium. A separate confidential list of charities receiving such payments must be filed directly with the Committee on Standards of Official Conduct. An envelope for transmitting the list is included in each Member's filing package. For further information, see Instructions, pages 13–14.

Source	Activity	Date	Amount
Examples: Association of American Associations, Wash., D.C.	Speech	Feb. 2, 1993	$2,000
Examples: XYZ Magazine	Article	Aug. 13, 1993	$500
Federal National Mtg. Assoc. Foundation	Speech	9-23-93	$ 1,000.00

This page may be copied if more space is required.

Name Luis V. Gutierrez

SCHEDULE III — ASSETS AND "UNEARNED" INCOME

BLOCK A — Asset and/or Income Source

Identify (a) each asset held for investment or production of income with a fair market value exceeding $1,000 at the end of the reporting year, and (b) any other asset or source of income which generated more than $200 in "unearned" income during the year. For rental property or land, provide an address. Provide full names of any mutual funds. For an IRA or retirement plan that is self-directed, list the underlying assets worth more than $1,000. For an IRA or retirement plan that is not self-directed, name the institution holding the account.

Exclude: Your personal residence(s) (unless there is rental income); any debt owed to you by your spouse, or by your or your spouse's child, parent, or sibling; any deposits totalling $5,000 or less in personal savings accounts; any financial interests in or income derived from U.S. Government retirement programs.

If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC) or is jointly held (JT), in the optional column on the far left.

For further information, see instructions, pages 14–20.

BLOCK B — Value of Asset

at close of reporting year. If you use a valuation method other than fair market value, please specify the method used. If an asset was sold and is included only because it generated income, the value should be "None."

BLOCK C — Type of Income

If other than one of the listed categories, specify the type of income by writing a brief description in this block.

BLOCK D — Amount of Income

For IRA's and retirement plans that are not self-directed, you may write in "NA" for income.

BLOCK E — Transaction

Indicate if asset was purchased (P), sold (S), or exchanged (E) in reporting year.

SP, DC, JT	Asset and/or Income Source	None (A)	$1 – $1,000 (B)	$1,001 – $15,000 (C)	$15,001 – $50,000 (D)	$50,001 – $100,000 (E)	$100,001 – $250,000 (F)	$250,001 – $500,000 (G)	$500,001 – $1,000,000 (H)	Over $1,000,000 (I)	DIVIDENDS	RENT	INTEREST	CAPITAL GAINS	EXCEPTED TRUST	QUALIFIED BLIND TRUST	None (I)	$1 – $200 (II)	$201 – $1,000 (III)	$1,001 – $2,500 (IV)	$2,501 – $5,000 (V)	$5,001 – $15,000 (VI)	$15,001 – $50,000 (VII)	$50,001 – $100,000 (VIII)	$100,001 – $1,000,000 (IX)	Over $1,000,000	Transaction
SP	Mega Corp. Stock				X						X							X									P
DC	123 Main St., Dover, Del.						X					X									X						
JT	1st Bank of Peoria, IL accounts					X							X							X							
JT	1650 N. Claremont, Ch.,Il. 2 Flat Home 1 Unit Rented						X					X									X						Sold

For additional assets and unearned income, use next page.

Name Luis V. Gutierrez

SCHEDULE IV — TRANSACTIONS

Report any purchase, sale, or exchange by you, your spouse, or dependent child during the reporting year of any real property, stocks, bonds, commodities futures, or other securities when the amount of the transaction exceeded $1,000. Include transactions that resulted in a loss. Do not report a transaction between you, your spouse, or your dependent child, or the purchase or sale of your personal residence, unless it is rented out. For further information, see Instructions, pages 20–21.

SP, DC, JT	Asset	Type of Transaction: PURCHASE	SALE	EXCHANGE	Date (MO/DAY/YR)	Amount of Transaction: B $1,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
	Example: Mega Corporation Common Stock	X			10–12–93		X					
JT	1650 N. Claremont, Ch., Il., 2 Flat		X		1-24-94				X			
JT	20003 10th St. S.E., Washington, DC		X		4-25-94				X			
JT	2132 W. Cortland, Ch., Il.	X			4-6-94			X				

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Name Luis V. Gutierrez

Page 6 of 7

SCHEDULE V — LIABILITIES

Report liabilities of over $10,000 owed to any one creditor ***at any time*** during the reporting period by you, your spouse, or dependent child. Mark the highest amount owed **during the year. Exclude:** Any mortgage on your personal residence (unless it is rented out), loans secured by automobiles, household furniture, or appliances, and **liabilities owed to a spouse,** or the child, parent, or sibling of you or your spouse. Report ***revolving charge accounts*** only if the balance at the end of the reporting period **exceeded** $10,000. For further information, see Instructions, pages 21–22.

SP, DC, JT	Creditor	Type of Liability	Amount of Liability						
			B $10,001–$15,000	C $15,001–$50,000	D $50,001–$100,000	E $100,001–$250,000	F $250,001–$500,000	G $500,001–$1,000,000	H over $1,000,000
Example	First Bank of Wilmington, Delaware	Mortgage on 123 Main St., Dover, Del.				X			
JT	Temple - Inland Mtg Corp.	Mortgage on 1650 N. Claremont				X			
JT	G.E. Capitol	Mortgage on 20003 10th St. S.E. Wash, D.C.				X			

SCHEDULE VI — GIFTS

Report the source, a brief description, and the value of all gifts totalling more than $250 received by you, your spouse, or a dependent child from any source during the year.

Exclude: Gifts from relatives, gifts of personal hospitality of an individual, local meals, and gifts to a spouse or dependent child that are totally independent of his or her relationship to you. Gifts with a value of $100 or less need not be added towards the $250 disclosure threshold.

Note: House Rule 43, clause 4, prohibits most gifts exceeding $250. For further information, see Instructions, pages 22–23.

Source		Description	Value
Example	Mr. Joseph H. Smith, Anytown, Anystate	Silver Platter (waiver received from Committee on Standards)	$270

Use additional sheets if more space is required.

Name	Page 7 of 7
Luis V. Gutierrez	

SCHEDULE VII —FACT-FINDING, SUBSTANTIAL PARTICIPATION, AND OTHER TRAVEL

Identify the source and list travel itinerary, dates, and nature of expenses provided for travel and travel-related expenses totalling more than $250 received by you, your spouse, or a dependent child during the reporting period. Indicate whether a family member accompanied the traveler at the sponsor's expense, and the amount of time, if any, that was not at the sponsor's expense. Disclosure is required regardless of whether the expenses were reimbursed or paid directly by the sponsor.

Exclude: Travel-related expenses provided by federal, state, and local governments, or by a foreign government required to be separately reported under the Foreign Gifts and Decorations Act (5 U.S.C. § 7342); travel paid for by campaign funds; travel provided to a spouse or dependent child that is totally independent of his or her relationship to you. For further information, see Instructions, pages 24–25.

Source	Date(s)	Point of Departure—Destination(s)—Point of Return	Lodging? (Y/N)	Food? (Y/N)	Was a Family Member Included? (Y/N)	Any time not at sponsor's expense
Examples: Chicago Chamber of Commerce	Mar. 2	Wash., D.C.—Chicago—Wash., D.C.	N	N	N	N
Examples: Mega Corporation	Aug. 6–13	Wash., D.C.—Los Angeles—Cleveland	Y	Y	Y	4 Days
U.S. Citizen Election Observer Mission	3-18-20-94	Wash D.C. - San Salvador-Wash D.C.	Y	Y	N	N
Puerto Rican Mfg. Assoc.	10-7-8-93	Wash D.C.-Puerto Rico-Wash D.C.	Y	Y	N	N
Aviatac Air line	9-16-19-93	Wash D.C.-Guatelman-Wash DC	N	N	N	N
Puerto Rican Cultural Center of Hartford, Conn.	3-12-14-93	Chicago-Boston-Wash DC	N	N	N	N
Wayne State University	3-19-20-93	Chicago-Detroit-Chicago	[illegible]	[illegible]	N	N
Puerto Rican Bankers Assoc.	2-25-26-93	Chicago-Puerto Rico-Chicago	Y	Y	N	N
Midwest NE Voter Registration Ed Proj.	4-22-24-94	Chicago- N.J.- Wash. DC	Y	Y	N	N

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